



North-Eastern Ohio Fire Chiefs' Association, Inc. Membership Application

Name of Applicant: _____ Rank: _____

Fire Department: _____ County: _____

Address: _____ City/Town: _____ ZIP: _____

Email #1: _____ #2: _____

Cell: _____ Office: _____

Social Media: _____

Professional Certifications/Credentialing/Education (check all that apply):

EMT-B____ EMT-P____ FF2____ FI____ FSI____ EFO____ OFE____ CFO____ OFC____
Associate's____ Bachelor's____ Master's____ Doctorate(JD/PhD)____ Other _____

Department/Community Characteristics:

- Status (check one): Career _____ Combination _____ Volunteer _____
- No. of Members (circle one): 10-25 26-40 41-55 56-70 71-85 86-100 >100
- Population Served: <10,000 10,001-25,000 25,001-40,000 40,001-55,000 >55,000
- Previous Year Responses: _____
- Annual Budget: _____

Signature of Applicant: _____ Date: _____

****Return application and annual dues (\$100.00) making check payable to NEOFCA****

**North-Eastern Ohio Fire Chiefs' Association, Inc.
Will Anderson, Treasurer
775 East 222nd St.
Euclid, OH 44123**

Date received:	Fee paid:	Deposited on:
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Treasurer Initials: