



# New York State Fire Marshals & Inspectors Association

Post Office Box 86 - West Henrietta, New York 14586-0086

## Membership Application

I hereby make application for MEMBERSHIP in accordance with the Associations Constitution and By-Laws and agree to be bound therewith. Annual membership dues shall be payable in January of each year.

<i>Please check one membership category below</i>		<i>Make Checks Payable to: New York State Fire Marshals and Inspectors Association</i>	
<b>ACTIVE MEMBERSHIP</b>		<i>[Annual dues: \$25.00]</i>	
Active Membership shall be limited to Fire Marshals, Fire Safety Inspectors, Building Inspectors, Fire Investigators, Fire Service personnel and Code Enforcement Officials. Active members will have the privilege of holding office, serving on committees, and having a voice in the Association.			
<b>ASSOCIATE MEMBERSHIP</b>		<i>[Annual dues: \$25.00]</i>	
Associate Membership shall be limited to those persons interested in promoting a fire safe environment. Associate members shall be allowed to attend meetings and serve on any standing committee. Associate members cannot hold office or vote for any elected official.			
<b>COOPERATE MEMBERSHIP</b>		<i>[Annual dues: \$25.00]</i>	
Cooperate membership shall be restricted to architects, engineers and representatives of non-profit technical and professional organizations which are interested in building codes, fire codes and fire safety construction standards.			
<b>PARTICIPATING MEMBERSHIPS</b>		<i>[Annual dues: \$25.00]</i>	
Participating memberships shall principally include representatives of manufacturers, contractors, financial institutions, insurance companies and other persons or firms similarly engaged in the fire safety industry.			

NEW YORK STATE REGISTRY CEO / BSI NUMBER				CERTIFIED NEW YORK STATE CODE ENFORCEMENT OFFICIAL		YES	NO	
TITLE				CERTIFIED NEW YORK STATE BUILDING SAFETY INSPECTOR		YES	NO	
NAME		First Name		Last Name				
ADDRESS		Street No.		Street Address		Unit #		
		City		State		Zip Code		
EMPLOYEER ADDRESS		Business or Municipality Name						
		Street No.		Street Address		Unit #		
		City		State		Zip Code		
CONTACT INFORMATION		Phone Number		Mobile Number		Email Address		
CONTACT PREFERENCE		To keep postage costs down and ensure timely delivery of association information please consider the email option, but if you do not have an email address, please indicate your mailing address preferences.				EMAIL	ADDRESS	EMPLOYEE ADDRESS
PRINT NAME								
SIGNATURE							Date	

RETURN APPLICATION AND MEMBERSHIP FEES TO:  
 New York State Fire Marshals and Inspectors Association  
 c/o Treasurer  
 Post Office Box 86  
 West Henrietta, New York 14586-0086

*"Fire Prevention through Education and Enforcement"*