

 **Monroe County**

**FIRE MARSHALS AND INSPECTORS ASSOCIATION**

**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. Please check one below.

**ACTIVE MEMBERSHIP $20.00 PER YEAR** 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.

 **ASSOCIATE MEMBERSHIP $25.00 PER YEAR** 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.

**Name of Applicant:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  **LAST FIRST Ml**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NUMBER** |  **STREET / ROAD** |

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#  **CITY** **STATE** **ZIP CODE**

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| **Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Cell Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Business Telephone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Years in Field:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**E-Mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  **NUMBER** **STREET / ROAD**

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#  **CITY** **STATE** **ZIP CODE**

**Registered NYS Code Enforcement Official:** Yes\_\_\_\_ No\_\_\_\_ NYS Registry Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| I would also like to become a member of the New York State Building Officials Conference through the Monroe County Fire Marshals and Inspectors Chapter. Annual NYSBOC dues in the amount of $30.00 per year payable in January of each year: \_\_\_\_Yes \_\_\_\_No |

**Applicants Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Paid: $ \_\_\_\_\_\_\_\_\_ Check** \_\_\_\_ **Cash \_\_\_\_ Voucher\_\_\_\_**

**ALL CHECKS MUST BE MADE PAYABLE TO**

**Monroe County Fire Marshals and Inspectors Association**

**RETURN APPLICATION AND MEMBERSHIP FEES TO:**

**Pat A. Inzer, Treasurer**

**2095 West Henrietta Road, Rochester, New York 14623**

**(585) 424-2566 or pai@rochester.rr.com**