



# Minnesota Fallen Firefighters Memorial Association

## MEMBERSHIP APPLICATION

Date:	
Name:	
Mailing Address:	
City, State, Zip:	
Department or Organization:	
Work Phone:	
FAX:	
Home Phone:	
Cell Phone:	
Pager:	
Work E-mail Address:	
Home E-mail Address:	
Military Experience:	
Related Experience:	
Work Experience:	
Your Reason for Joining:	

**What Class of Membership?**

<b>ACTIVE MEMBERSHIP</b>	
<input type="checkbox"/>	Charter Membership is established between 3 Jul 01 and 2 Jul 02
<input type="checkbox"/>	Individual See Fee Structure Policy
<input type="checkbox"/>	Life See Fee Structure Policy
<b>SPONSORING MEMBERSHIP</b>	
<input type="checkbox"/>	PLATINUM See Fee Structure Policy
<input type="checkbox"/>	GOLD See Fee Structure Policy
<input type="checkbox"/>	SILVER See Fee Structure Policy
<input type="checkbox"/>	BRONZE See Fee Structure Policy
<input type="checkbox"/>	COPPER See Fee Structure Policy
<input type="checkbox"/>	CONTRIBUTING See Fee Structure Policy

**What Section(s) of service?**

<input type="checkbox"/>	Funeral Planning Operations
<input type="checkbox"/>	Honor Guard
<input type="checkbox"/>	Benefits
<input type="checkbox"/>	Training
<input type="checkbox"/>	Administrative
<input type="checkbox"/>	Quartermaster
<input type="checkbox"/>	Chaplin
<input type="checkbox"/>	Other-Explain
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

During the past five (5) years, I have not served a sentence in jail or prison or been convicted of a misdemeanor or felony for which a jail or prison sentence could be pending. If you have, attach an explanation. I declare that any statements in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

SIGNATURE	DATE

MFFMA has the right to verify information provided in this application. False information will deny membership into MFFMA. In connection with this application, I authorize MFFMA to conduct an inquiry into any information contained herein. I, hereby, release MFFMA and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person or organization.

**Board of Directors Approval**

<input type="checkbox"/>	Approved	
	Disapproved	
		Chair
		Date
<input type="checkbox"/>	Approved	
	Disapproved	
		First Board Member
		Date
<input type="checkbox"/>	Approved	
	Disapproved	
		Second Board Member
		Date
<input type="checkbox"/>	Approved	
	Disapproved	
		Third Board Member
		Date
<input type="checkbox"/>	Approved	
	Disapproved	
		Fourth Board Member
		Date