



**North Carolina Fire Marshal's Association**  
*"Dedicated to the Saving of Life and Property Through Fire Prevention"*

**Membership Application**

Active \_\_\_\_\_  
Associate \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

I hereby make application for membership in the NORTH CAROLINA FIRE MARSHAL'S ASSOCIATION and agree to be governed by its Constitution, By-Laws and Rules. I am of the opinion that I meet the requirements for membership which are:

(Active) The full time salaried official of a county or municipality in North Carolina who is engaged primarily in the prevention of fire through property inspection, enforcement of the fire laws and regulation and public education and who may also be charged with the duty investigation of the cause and origin of fires. Also, the full time salaried assistants of such officials.

(Associate) The non-salaried or part-time legally designated official of a county, municipality, or other persons involved in fire safety in North Carolina who is authorized and obligated by public law or lawful ordinance with the primary duty of fire prevention through property inspection, enforcement of fire laws and regulations and public education and who may also be charged with the duty of investigating the cause and origin of fires. Associate members shall enjoy all the privileges of membership except that of elective office and voting privileges.

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ PLACE OF BIRTH \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

LENGTH OF SERVICE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_ ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ PAGER \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

ACTION: APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

**TAX ID # 561153386**

Make checks payable to NC FIRE MARSHAL'S ASSOCIATION. An annual membership fee of \$15.00 shall be applicable to eligible counties and municipalities for each member. This fee shall accompany the application. Mail to:

RONALD D. MARSH, TREASURER  
NC FIRE MARSHAL'S ASSOCIATION  
C/o BOONE FIRE DEPARTMENT  
729 West King Street  
BOONE, NC, 28607

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF TREASURER