



# Metro Fire/Arson Investigators

## Association

PO BOX 520336

WINTHROP MA 02152-0006

[www.MetroArson.ORG](http://www.MetroArson.ORG)

### MEMBERSHIP APPLICATION

DATE \_\_\_\_\_

RENEWAL \_\_\_\_\_

NEW MEMBER \_\_\_\_\_

ANNUAL DUES: \$40.00\*

\*\*\*\*\*

RANK / NAME

\_\_\_\_\_

DEPARTMENT/AGENCY NAME:

\_\_\_\_\_

(CIRCLE ONE) FIRE\*\* POLICE\*\* PROSECUTOR\*\*

\*\*IF FIRE: ENTER FDID: \_\_\_\_\_

\*\*IF POLICE: ENTER ORI: \_\_\_\_\_

\*\*IF PROSECUTOR: ENTER BBO: \_\_\_\_\_

(CIRCLE ONE)

REGULAR MEMBER

ASSOCIATE MEMBER

HONORARY/RETIRED MEMBER

#### DEPARTMENT/AGENCY ADDRESS

(required)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### MAILING ADDRESS

(required)

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

#### HOME ADDRESS

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

#### TELEPHONE NUMBERS

(required)

WORK \_\_\_\_\_ HOME \_\_\_\_\_

PAGER \_\_\_\_\_ CELL \_\_\_\_\_

WORK E-MAIL \_\_\_\_\_ HOME E-MAIL \_\_\_\_\_

*By completing this form, you affirm that you meet the membership requirements AND agree to be subjected to the Bylaws of the Association.*

\* Please include a check for \$40 USD made payable to: "Metro Fire/Arson Investigators Association"