



# FIRE SERVICE MEMBERSHIP APPLICATION

7910 Woodmont Ave., Suite 1220 • Bethesda, MD 20814  
Phone (301) 907-8181 • Fax (301) 907-9148

## CONTACT INFORMATION

Fire Service Entity \_\_\_\_\_  
Primary Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_  
Website \_\_\_\_\_

# of Years in Fire Service Profession \_\_\_\_\_  
*(For Fire Service Entity Applications)*  
Additional Contact \_\_\_\_\_  
E-mail \_\_\_\_\_  
Additional Contact \_\_\_\_\_  
E-mail \_\_\_\_\_  
Additional Contact \_\_\_\_\_  
E-mail \_\_\_\_\_

## DUES STRUCTURE

### FIRE SERVICE MEMBER

**Dues**  
 \$250 Fire Service Entity\*\* Dues are waived if referred to the APA by an APA member

### **FIRE SERVICE**

Individual personnel or fire service entity involved in the inspection, certification or use of fireworks. Members in this category do not have voting rights in the APA.

## TRADE REFERENCES

Please list one APA member who is familiar with you or your fire service affiliation (please contact us if you need assistance in identifying a local APA member).

1 \_\_\_\_\_  
Company Name Name of Contact

## PAYMENT INFORMATION

Card Holders Name \_\_\_\_\_  
CC # \_\_\_\_\_  
Exp Date \_\_\_\_\_

Check Enclosed  Credit Card:  MC  VISA  AMEX

Total enclosed/to be charged \$ \_\_\_\_\_