



# CONNECTICUT FIRE POLICE ASSOCIATION

## LIFE MEMBERSHIP APPLICATION

Today's Date: \_\_\_\_\_

Celebrating 10 years

Applicants Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Fire Department: \_\_\_\_\_

County: \_\_\_\_\_ Total year's in Fire Police Association: \_\_\_\_\_

**Notice:** To qualify, a member must have a minimum of 5 years continuous service.

Person who recommend: \_\_\_\_\_

County Coordinator: \_\_\_\_\_ County: \_\_\_\_\_

Give reasons for recommendation:

Approved  Disapproved

Signature of committee Member: \_\_\_\_\_