

Michigan Fire Inspectors Society

P.O. Box 193
Kalamazoo, Michigan 49004

2008 Membership Application/Renewal Form

Name: _____ / _____ / _____
Last First Middle

Title(s): _____

Department or Business Affiliation:

Mailing Address:

Street Number and Name

City State Zip Code

Business Telephone:

E-Mail Address:

(_____) _____ @ _____
Area Code Extension

Home Telephone:

FAX:

(_____) _____ () _____
Area Code

Which fire code and year has your community adopted? :

_____ NFPA _____ IFC _____ Other

Are you a Certified Fire Inspector? _____ Michigan Certified Inspector Number: _____

Are you interested in being a committee member? If so, please state which committee(s):

1. _____ 2. _____ 3. _____

Per the bylaws of the Michigan Fire Inspectors Society, annual dues of \$30.00 are due and payable as of January 1st every year. Dues expire December 31, of each year.

Please remit checks/money orders payable to:

The Michigan Fire Inspectors Society
P.O. Box 193
Kalamazoo, Michigan 49004

Thank you for your support of Fire Safety through education!!!

Date Paid: _____ Cash/Check/Money Order #: _____ Received
by: _____