



Fire Marshals Association of Missouri

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ County of Employer: _____

E-Mail: _____

Agency/Employer: _____

The fiscal year for the Fire Marshals Association of Missouri is September 1st to August 31st.
The annual dues are thirty dollars (\$30.00) per year. We appreciate your membership!

Payment Type (check one): Check (preferred) Visa MC Discover

Card Number: _____

Expiration: ____/____ 3-Digit Security Code _____ Cardholder's Zip Code _____

Signature: _____ Date: _____

Please send this form and dues to:

FMAM
c/o Roger Herin
Secretary/Treasurer
710 Tesmore Pl.
Ferguson, MO 63017
fmamicppp@gmail.com