



FIRE SAFETY DIRECTORS ASSOCIATION

Est. 1978

Date: _____

NEW MEMBERSHIP APPLICATION

PLEASE PRINT

Name: _____

Residence Address: _____ Apt/Floor: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____

Work Place Address: _____ Floor: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Applicant's Position or Title: _____

Send Mail to: *(Preferable to Email Address)*

Email Address: _____

Home Address: _____

Membership Categories:

ACTIVE: Applicant is currently employed as a FLSD or is actively participating in the field of fire protection/safety.

Current FSD Certificate of Fitness: Yes () No () Exp. Date: ___ / ___ / ___

Current EAP Certificate of Fitness: Yes () No () Exp. Date: ___ / ___ / ___

ASSOCIATE: One who contributes to the field of fire protection/fire safety, but is neither a FLS/Director, not participating in, not involved in applying fire safety practices other than through the sale of a product or service.

RETIRED: An individual who has retired from all income-producing activity.

Membership in Other Related Professional Associations: _____

Fire Service and/or 1ST Responder Experience: _____

Membership Proposed by: _____

Applicant Signature: _____

PROCESS FOR PAYMENT / Active and Associate Member \$50.00

1. PAYPAL on website at www.fsdagreaterny.org

OR

2. Mail check to: FSDA / Treasurer
P. O. Box 5271
New York, New York 10185

If you wish to make a donation to further assist the membership with meetings, training, the Website and other related cost, we would appreciate your support.

Revised 2017