



Upper Peninsula Fire Chiefs' Association

Membership Application

Name: _____ Title: Chief Date: _____

Department ID #: _____ Name: _____

Mailing Address: _____

City: _____ State: MI Zip Code: _____

Email Address: _____

Phone: _____ Fax: _____

Department Website Address: _____

**Active Membership Dues are \$50.00 per year.
\$5.00 additional if paid after April 15.**

Your cancelled check is your receipt

Keep this portion for your records

CUT ON LINE

Membership Application Make Corrections

Name: _____ Title: Chief Date: _____

Department ID #: _____ Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: _____ Fax: _____

Department Website Address: _____

New Member: _____ Membership Renewal: _____

Send this portion and remittance to:

**U.P. Fire Chief's Association
121 Thompson Drive
Crystal Falls, MI 49920**