



YORK COUNTY CHIEFS ASSOCIATION

Application for Membership

Name of Applicant: _____

Applicant's Department or Company: _____

Applicant's Rank or Position: _____

Applicant's E-mail: _____

Applicant's Telephone: _____

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Membership Dues by Category:

___ Regular (Chief Officer, EMS Director) \$35.00

___ Associate (Line Officer, Inspector, Investigator, Chaplain, EMA Director) \$35.00

___ Supporting \$100.00

Check payable to York County Chiefs Association

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Sponsoring Fire Chief

Chief _____ of _____ FD, has agreed to sponsor my membership. Chief _____ will confirm my rank/position and validate my eligibility for the membership in the category for which I have applied.

Sponsor's Email: _____ Sponsor's Telephone: _____

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RECOMMENDATIONS

The Secretary and one Director or Officer have validated the credentials of the applicant and **recommend / not recommend** approval.

Secretary: _____ Other: _____

Dues Paid: _____, Treasurer.

APPROVED / DISAPPROVED: _____, President. Date: _____