



Application for Membership

(Please Print or Type)

Name: _____ Title: _____

Mailing Address: _____

City / State / Zip: _____

Department / Agency: _____

Contact Numbers: Work: _____ E-Mail: _____

(We would like your e-mail address for meeting and informational notifications. It is never knowingly forwarded, shared or sold to outside agencies.)

FOR MUNICIPAL DEPARTMENT MEMBERS ONLY:

Adopted Code: _____ Version: _____

Are amendments to your code available on-line: Yes No

Where can we find your amendments on the web: _____

MEMBERSHIP FEES:

\$20 – Department / Agency (Incl. one paid membership)

\$10 – Each Additional Member

Check One Below

Regular Member (See Above)

Life Member (No Charge – Must Be Approved by Membership)

Honorary Member (No Charge – Must be approved by Executive Board)

Make all checks payable to: O.C.F.P.S.

Mail your completed application(s) to:

O.C.F.P.S.

Attn: Renee Petranovic

SOUTHFIELD FIRE DEPARTMENT

26000 Evergreen Road, P.O. Box 2055

Southfield, MI 48037-2055

rpetranovic@cityofsouthfield.com