



FIRE SERVICE MEMBERSHIP APPLICATION

4891 Long Beach Rd., SE, Suite 3, Box #291
Southport, NC 28461 • Phone (301) 907-8181

CONTACT INFORMATION

Fire Service Entity _____
Primary Contact _____
Address _____
City, State, Zip _____
Phone _____
Fax _____
E-mail _____
Website _____

of Years in Fire Service Profession _____
(For Fire Service Entity Applications)
Additional Contact _____
E-mail _____
Additional Contact _____
E-mail _____
Additional Contact _____
E-mail _____

DUES STRUCTURE

FIRE SERVICE MEMBER

Dues
 \$250 Fire Service Entity** Dues are waived if referred to the APA by an APA member

FIRE SERVICE

Individual personnel or fire service entity involved in the inspection, certification or use of fireworks. Members in this category do not have voting rights in the APA.

TRADE REFERENCES

Please list one APA member who is familiar with you or your fire service affiliation (please contact us if you need assistance in identifying a local APA member).

1 _____
Company Name Name of Contact

PAYMENT INFORMATION

Card Holders Name _____
CC # _____
Exp Date _____

Check Enclosed Credit Card: MC VISA AMEX

Total enclosed/to be charged \$ _____