



# HAWAII FIRE CHIEFS ASSOCIATION (HFCA) STATE OF HAWAII MEMBERSHIP APPLICATION

Please Print

Name: \_\_\_\_\_ Title \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: Home/Work/Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Please Check One That Applies

- \_\_\_\_\_ 1) ACTIVE MEMBER: \$25 \$ \_\_\_\_\_  
Full time Executive/Chief Officers or such other equivalent title designation as may be used in the various fire service programs throughout the state of Hawaii.
- \_\_\_\_\_ 2) ASSOCIATE MEMBER: \$15 \$ \_\_\_\_\_  
Includes any person who believes in and subscribes to the purpose of the HFCA.
- \_\_\_\_\_ 3) LIFE MEMBER: \$ 0  
Any active member and retired executive officer who have rendered distinguished service to the HFCA.
- \_\_\_\_\_ 4) HONORARY MEMBER: \$ 0  
This is limited to individuals that are deemed deserving of this special recognition.
- \_\_\_\_\_ 5) RETIRED EXECUTIVE OFFICER: \$ 0  
This is limited to former Active Members of the HFCA
- Total remittance:** \$ \_\_\_\_\_

Please make checks payable to: **HAWAII FIRE CHIEFS ASSOCIATION**

Charge to: \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ Discover \_\_\_\_\_ Diner's Club \_\_\_\_\_ American Express  
(Check one of the above)

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date: \_\_\_\_\_ / \_\_\_\_\_

I authorize the HFCA to charge \$ \_\_\_\_\_ to this credit card.

Print name of carder holder \_\_\_\_\_ Sign \_\_\_\_\_

Billing address of cardholder: \_\_\_\_\_

**Mail application and payment to: Hawaii Fire Chiefs Association  
c/o Honolulu Fire Department, 636 South Street, Honolulu, Hawaii 96813-5007**