**2024 Individual Membership Dues**

Amount: $50.00

New Membership ❒ Membership Renewal ❒

***Qualifications****:*

*Any current employee of a New Jersey based: State, County or Local Fire Marshal’s Office; or of a Fire Department or of a UFC Local Enforcing Agency shall be eligible as an Individual Member;* ***or*** *Anyone currently: certified as a Fire Official, certified as a Fire Inspector, licensed as a Fire Subcode Official, or licensed as a Fire Protection Inspector shall be eligible as an Individual Member.*

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

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UFC Certification #: \_\_\_\_\_\_\_\_\_\_\_ UCC License #: \_\_\_\_\_\_\_\_

County Association Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*If not a county association member fill in county declaration for Region Representation*)

Are you an officer in the County Association: ❒ Yes ❒ No

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of ICC? ❒ Yes ❒ No ICC Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_

If you are an ICC member do you wish to declare NJFPPA. as your primary ICC Chapter?

❒ Yes ❒ No

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Association Office Use***

Voucher/PO #: Check #: Date Received:

Date Approved: Database Posted ❒ Revised 02/22/2024