



Fire Apparatus Manufacturers' Association

MEMBERSHIP APPLICATION

DATE: _____

ENTITY APPLYING FOR MEMBERSHIP: _____

List Parent or Subsidiary Companies: _____

CONTACT NAME: _____ TITLE: _____

STREET ADDRESS: _____ P.O. BOX _____

CITY, STATE, ZIP: _____

Telephone: () _____ Fax: () _____ Mobile: () _____

Web Site: _____ Email: _____

Qualifications for Membership: *Membership in FAMA shall be open to those otherwise qualified business entities that, during the preceding 12 month period, using its own employees at its own facilities located in the United States or Canada, has manufactured for commercial resale any of the following products: (A) fire fighting or fire protection apparatus, including rescue vehicles and command vehicles intended for use in emergency service (collectively called "fire apparatus" herein); (B) components or products which are later incorporated by the fire apparatus manufacturer as a permanent part of the completed fire apparatus; or (C) products specifically designed for fire service applications that are affixed to, or carried upon, the fire apparatus for use in conjunction with the fire apparatus in performing its fire fighting, rescue or command function. Examples of such products would include, without limitation, chassis, fire pumps, fire hoses, hose reels, ladders, aerial devices, apparatus valves and other water control appliances. For purposes of this section, the term "manufacture" means the construction or fabrication of a qualifying product from raw materials, or the assembly of a qualifying product from raw materials, or the assembly of a qualifying product using parts, components, or sub-assemblies that are supplied by others.*

The entity applying for membership manufactures within the United States or Canada: () Yes () No

The entity applying for membership is a manufacturer of:

() Fire Fighting/Protection Apparatus () Rescue (Special Service) Vehicles

() Permanently Attached Apparatus Components: (Please specify: _____)

() Components essential to the fire fighting function of the Apparatus: (Please specify: _____)

2011 Dues Assessment Schedule

- Current and renewed members \$ 1,500.00 (full assessment)
- New Applicants (first year, first-time applicants only) \$ 1,000.00
(includes one paid registration fee for the spring or fall membership meeting in the year joined; non-cash value: \$250)

Apply on-line at www.fama.org or mail this application along with your company check (U.S. Funds only) and product information to:

FAMA, P.O. Box 397, Lynnfield, MA 01940-0397

Tel/Fax: 781.334.2911 * Email: info@fama.org * Web Site: www.fama.org