



APPLICATION FOR MEMBERSHIP

DATE: _____

Apply online at www.fama.org or complete the following and email to: info@fama.org.

ENTITY APPLYING FOR MEMBERSHIP: _____

List Parent or Subsidiary Companies: _____

CONTACT NAME: _____ TITLE: _____

STREET ADDRESS: _____ P.O. BOX _____

CITY: _____ STATE/PROVINCE: _____

COUNTRY: _____ ZIP/POSTAL CODE: _____

PHONE: () _____ MOBILE: () _____ FAX: () _____

WEBSITE: _____ 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) firefighting 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 firefighting, 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 firefighting function of the Apparatus: (Please specify): _____

Dues Assessment Schedule

Current and renewed members \$ 1,850.00 (full assessment)

New Applicants (first year, first-time applicants only) \$ 1,850.00 */**

** Includes one complimentary registration fee for attendance at the next spring membership meeting.*

Non-cash value: \$425. Credit for meeting fee is valid one year from date of application.

*** If the new member application is received after May 1st, the new member will receive the next years membership at no fee.*

AMEX _____ MC / VISA _____ CARD NUMBER _____

NAME ON CARD _____ EXPIRATION DATE _____

BILLING ADDRESS OF CARD _____

CITY _____ STATE/PROVINCE _____ ZIP CODE _____