



California Metropolitan Fire Chiefs Association

Membership Form 2023

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|----------------------------------|--|----------------------------------|----------------------------------|
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Last Name | | First Name | |
| Click or tap here to enter text. | | | |
| Title/Position | | | |
| Click or tap here to enter text. | | | |
| Department | | | |
| Click or tap here to enter text. | | | |
| Address | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| City | | State | Zip |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Daytime Phone | | Cell Phone | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Fax No. | | Email Address | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| Assistant's Name | | Assistant's Email Address | |

To help us better serve you, please answer the following questions:

Population Served: ___Click or tap here to enter text._____

Total number of full-time paid fire department personnel: ___Click or tap here to enter text._____

Dues: \$2500 – per calendar year

Payment Options:

Check Payable to: **California Fire Chiefs Association – Metro Chiefs Section**

Please mail check to: CFCA
808 R St, Suite 209
Sacramento, CA 95811

Credit Card via: <https://calchiefs.org/join/metropolitan-membership/#>

Please submit completed form to:
calchiefs@calchiefs.org

Questions regarding your membership? Contact us at (916) 923-9455