

South Carolina Fire Marshals Association

P. O. Box 255

Greer, S. C. 29652

Membership Application

**Please remit membership dues with application.*

Make checks payable to SCFMA.

<u>PERSONAL INFORMATION:</u>					send correspondence to this address					
Full Name:										
Home Address:										
City:			State:			Zip Code:				
Home Phone:				E-Mail Address:						
Are you a member of the International Code Congress (ICC)?								Yes:	No:	
If yes, is your membership governmental or individual?						Governmental:		Individual:		

<u>EMPLOYMENT INFORMATION:</u>					send correspondence to this address					
Employer:				Title:						
Address:										
City:			State:			Zip Code:				
Work Phone:				Work E-Mail:						
Fax Number:				Work Cell:						
Do you conduct fire inspections as part of your job duties?								Yes:	No:	

(Incomplete applications will be rejected.)

REFERENCES:

1. Name:		Position:	
Address:		Telephone:	
2. Name:		Position:	
Address:		Telephone:	

HOW DID YOU HEAR ABOUT US:

MEMBERSHIP TYPES:

ACTIVE MEMBERSHIP. Any representative of governmental and any representative of private industry who is actively engaged in some phase of fire inspection for fire prevention and life safety at the time he/she makes application shall be eligible for active membership on application, provided such person possesses the other qualifications for membership is at the discretion of the Membership Committee and provided such person is not less than eighteen years of age at the time he/she makes application. Application of persons denied membership for reason of lack of eligibility shall be placed before the Board of Directors (hereinafter referred to as the "Board") for final determination at the next regularly called meeting of the Directors.

ASSOCIATE MEMBERSHIP. Persons and firms not qualified for active membership may become associate members, after determination of their qualifications by the Membership committee. Associate members shall have the privileges of an active member, except, voting and holding office. The Association may, by majority vote of active members present, exclude associate members from any particular business meeting.

PERSONAL QUALIFICATIONS. Prior to voting upon each application, the Membership Committee shall give due consideration to the following, among other qualifications it deems applicable, to wit: (1) the personal character of the applicant; (2) the character and reputation of the applicant's employer and associates, and (3) the general nature and character of the principle business of the employer and associates. No persons shall be eligible for any class of membership if he/she has been a member of a subversive organization whose objectives and operations are inconsistent with the purposes of the Association.

TYPE MEMBERSHIP APPLYING FOR:

Active	\$25.00	Associate	\$50.00
--------	---------	-----------	---------

I hereby certify that the above information is true and correct to the best of my knowledge and I meet the qualifications for membership and authorize the SCFMA or its representatives to contact references, employers and any background checks prior to approval or disapproval of my application for membership.

Signature: _____ **Date:** _____

<u>SCFMA USE ONLY</u>	
Membership Approved by Committee: _____	Card Issued: _____ By: _____
Membership Approved by Board: _____	Date of Approval: _____
Dues Paid: _____	Check/Cash: _____