

MEMBERSHIP APPLICATION



Northern Ohio Fraternal Order of Leatherheads Society

Northern Ohio F.O.O.L.S

northernohiofools@gmail.com

Application Date _____

Application Status: New Member Transfer Update Contact Info Replacement Card

Last Name

First Name

Middle Initial

Home Address

City

State

Zip Code

Email Address

Cell Phone Number

Date of Birth

Fire Department

- Do Not Abbreviate Department Name
- Please include the STATE
- List only the Fire Department You Want On Your membership Card

State

Current Rank

Active Retired

- By signing this application I am attesting that I am at least 18 years old and an Active Firefighter/Retired Firefighter.
- I will keep the International and my local chapter aware of any address, phone, e-mail or Department changes that I may have in the future.
- Membership Applications must be complete, legible and include a signature to be processed.

Signature of applicant: _____

ALL APPLICATIONS MUST BE SIGNED OR THEY WILL BE RETURNED

How did you hear about the Northern Ohio F.O.O.L.S.? _____

Did you visit www.northernohiofools.com to learn about the organization? Yes No

Have you read the mission statement as posted on the F.O.O.L.S. International web page? Yes No

Do you agree with the principals & objectives of our organization? Yes No

Explain why you want to join the Northern Ohio F.O.O.L.S.: _____

Sponsoring members name: _____

Sponsoring members signature: _____

By signing this application, the sponsoring member is responsible to ensure the new member meets all the requirements necessary during the new member's probation period.