



Fire Department Membership Application

Department: _____
Contact Name: _____
Contact Email: _____ Contact Tel No.: _____
Street: _____
City/State/Zip: _____

One-Time Membership Fee: \$100.00

Payment:
_____ Please find check enclosed.
_____ Please charge credit card.

Credit Card Number: _____
Expiration Date: _____ Security Code: _____ Zip Code: _____

Signature: _____

(Signature required for credit card authorization.)

Membership includes access to all member publications and training programs on the Coalition's web site, and six (6) memberships for administrative and training staff.

Username: _____	Email: _____	Password: _____
Username: _____	Email: _____	Password: _____
Username: _____	Email: _____	Password: _____
Username: _____	Email: _____	Password: _____
Username: _____	Email: _____	Password: _____
Username: _____	Email: _____	Password: _____

Make checks payable to: **Cyanide Poisoning Treatment Coalition**

Return application to:
Shawn Longerich
Fire Smoke Coalition, a division of CPTC
PO Box 30072
Indianapolis, IN 46230