

Fire Marshals



Association

of Kansas

MEMBERSHIP APPLICATION

Name _____

Home Address _____

Work Address _____

Preferred Mailing Address **Home** or **Work** (please circle one)

Telephone Number Home _____ Work _____

Fax _____ Cell _____

E-Mail Address _____

[Important!](#)

Title or Job Capacity _____

The fiscal year for the Fire Marshals Association of Kansas is January 1st to December 31st. The annual dues are fifteen (\$15.00) dollars per year. We appreciate your membership!

TOTAL AMOUNT PAID \$ _____ for _____ people.

Paid by Check # _____ Cash _____

Please send applications and dues to the Association Treasure at:

**Vicki Zielinski
Fire Prevention Division
Topeka Fire Department
620 SE Madison, Unit 5
Topeka, Kansas 66607**

vlzielin@topeka.org