



# OAKLAND COUNTY ASSOCIATION OF ARSON AND FIRE INVESTIGATORS, INC.

## APPLICATION FOR MEMBERSHIP

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

AGENCY NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RANK / POSITION \_\_\_\_\_ E-MAIL \_\_\_\_\_

NUMBER OF YEARS IN FIRE INVESTIGATION/SUPPRESSION : \_\_\_\_\_

NUMBER OF YEARS OF SERVICE (TOTAL): \_\_\_\_\_ POLICE \_\_\_\_\_ FIRE \_\_\_\_\_

I WOULD LIKE CORRESPONDENCE SENT TO: \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

SCHOOLS AND SEMINARS PERTAINING TO FIRE INVESTIGATION: \_\_\_\_\_ DATES \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(PLEASE LIST ANY ADDITIONAL QUALIFICATIONS ON REAR)

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF CHIEF, DEPARTMENT HEAD, OR MEMBER OF THIS ASSOCIATION CERTIFIED THAT THE ABOVE PERSON IS ASSIGNED TO THE DUTIES OF FIRE INVESTIGATION OR RELATED ACTIVITIES

NEW APPLICATION \_\_\_\_\_ RENEWAL \_\_\_\_\_

RANK OR TITLE OF APPLICANT \_\_\_\_\_ APPLICATION MUST BE ACCOMPANIED WITH DUES: \$25.00 FOR 3 YEARS

MAIL TO : OAKLAND COUNTY SHERIFF DEPT  
FIRE INVESTIGATION UNIT  
1204 N. TELEGRAPH RD.  
PONTIAC, MI 48341

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED _____	DATE REVIEWED BY COMMITTEE _____	BACKGROUND CHECK _____
RECOMMENDATION: ACTIVE _____	HONORARY LIFE _____	LIFE _____
ASSOCIATE _____	ACCEPTED _____	REJECTED _____
DATE APPROVED BY GENERAL MEMBERSHIP _____	ON: BY: _____	TELEPHONE _____
APPLICANT NOTIFIED BY _____	IN FORM OF CASH _____	CHECK _____
DUES RECEIVED ON _____		WAIVED _____
		FORWARDED _____

SERVING SOUTHEAST MICHIGAN