



Central Texas Fire Investigators Association

I hereby make application for membership in the **CENTRAL TEXAS FIRE INVESTIGATORS ASSOCIATION** in accordance with its constitution and by-laws, and agree to be bound therewith. All information given by me in the application is warranted to be true and correct.

Full Name	Title	
E-Mail Address	Work Phone#	Work Fax#
Work Address	City/ State/ Zip	
Home Address	City/ State/ Zip	
Home Phone#	How long at residence?	
S.S.#	Occupational Affiliation	
Have you ever been convicted of a Felony? (If yes, please explain on a separate page.) <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	INDICATE ADDRESS WHERE YOU WOULD LIKE CORRESPONDENCE MAILED <div style="text-align: right;"> <input type="checkbox"/> HOME <input type="checkbox"/> WORK </div>	
Recommended by member in good standing: (MEMBER's NAME)		
Applicant Signature:	Member Signature:	
Date: ____/____/____	Date: ____/____/____	

ANNUAL DUES: \$30.00

Make Checks payable to Central
Texas Fire Investigators Assn.
and RETURN APPLICATIONS
AND DUES TO:

CTFIA
P.O. Box 151293
Austin, Texas 78715-1293