

OCEAN CITY FOOLS
An Affiliate Chapter Of:
F.O.O.L.S. International
FRATERNAL ORDER OF LEATHERHEADS SOCIETY
****Membership Application Form****
(PRINT LEGIBLY)

Chapter Change: Yes No (Circle)

Previous ID #:

**** DATE OF APPLICATION: ****

ALL APPLICATIONS MUST BE SIGNED OR THEY WILL BE RETURNED

Local FOOLS Chapter:

Name/Rank: (Include Rank)

Name:

FD Rank:

Home Address:

City

State/Province

Zip Code

Email

@

Telephone

Fire Department
(Please include the STATE)

State:

Do Not Abbreviate Department Name

(List only the Fire Department You Want On Your Membership Card)

**** By signing this application I am attesting that I am a 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 ****

Signature of applicant: _____

Membership Donation

\$ 25.00 (\$10 to FOOLS International - \$15 Chapter T-shirt & Challenge Coin)
(Make check out to Ocean City FOOLS)

Total \$\$ enclosed:

T-shirt Size:

Mail To:
Ocean City FOOLS - Alpha Chapter
PO Box 825
Ocean City, MD 21843-0825