



Charter Oak 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

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: _____

List EITHER One (1) FOOLS Member or Two (2) References:

Name: _____ Phone Number: _____ FOOLS ID Number: _____

Name: _____ Phone Number: _____

Membership Fees: \$50.00 Make check payable to: Charter Oak FOOLS - Fees Include \$10.00 for FOOLS International Registration

Mail To:

Charter Oak FOOLS
Post Office Box 2456
Hartford, CT 06146-2456