

**East Mountain Interagency Fire
Protection Association (EMIFPA)
Membership Application 2015**



Please return completed form to:

EMIFPA
P.O. Box 2471
Tijeras, NM 87059

Name: _____

Agency/Business/Resident: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: Office _____ Cell _____

Email: _____

Website: _____

I certify by my signature below that I represent the agency/business/individual above.

Signature and Title

Date

Print Name

Do Not Write Below this Line

Date \$10.00 Membership Dues Received

Signature and title of Secretary or Treasurer