

**East Mountain Interagency Fire
Protection Association (EMIFPA)
Membership Application 2016**



Please return completed form by March 31st to:

EMIFPA

P.O. Box 2471

Tijeras, NM 87059

Name: _____

Agency/Business/Resident: _____
(Please circle one)

Mailing address: _____

City: _____ State: _____ Zip: _____

Telephone: Office _____ Cell _____

Email: _____

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