



Central Illinois 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)

Of
Years:

State:

Do Not Abbreviate Department Name

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

Past Fire Departments (if any)

Teaching Specialties

**** 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** (Make check out to Central Illinois FOOLS - \$10.00 donation will be sent to FOOLS International)

Total \$\$ enclosed:

Mail To:

Central Illinois FOOLS
P.O. Box 186
Morton, Illinois 61550