



www.ncprescribedfirecouncil.org

Membership Form

Name: _____

Job Title: _____

Agency/Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

School Attending: _____
(for student registrations)

MEMBER REGISTRATION: Annual Dues (August 1, 2015 - July 31, 2016): \$ 10 _____

4-YEAR STUDENT REGISTRATION: (August 1, 2015 – July 31, 2019): \$25 _____
(available to graduate and undergraduate students)

LIFETIME “Spark” Membership Registration (August 1, 2015 - Lifetime): \$110 _____

Please complete this form and mail with your check made out to: “**NC Prescribed Fire Council**”.

NC Prescribed Fire Council
PO Box 37434
Raleigh, NC 27627