

Minnesota State Fire Chief's Association Lifetime Membership Nomination Form

Candidate Information

Please provide the following information for the person being nominated:	
Name:	
Address:	
MSFCA Membership Dates:	
Please provide a narrative describing the service to the MSFCA of the candidate be nominated. Specifically address the minimum requirements contained in this policy. Attach additional pages as required)	

Nominator Information

Please provid	de the following information abo	out the nominator:	
Name: Address:			
Telephone:			
Home:	Work:	Cell:	
E-mail:			
MSFCA Men	nbership Dates:		
Signature			Date

Nominators may be contacted by the MSFCA Office for follow-up or clarification of information provided.