

NEBRASKA SOCIETY OF FIRE SERVICE INSTRUCTORS
MEMBERSHIP CRITERIA

The Nebraska Society of Fire service Instructors (NSFSI) is a group of firefighters who have joined together to create an organization to further training and education of emergency response personnel throughout the State of Nebraska. We strive to achieve this goal by "Sharing Our Knowledge & Experience". Our membership includes those responsible for emergency response education, whether from the State, volunteer, career or private organizations. The membership year is from January 1 through December 31. Membership dues shall be paid annually to remain a current member. Requirements of membership application are as follows:

- 1). Submit a letter of recommendation by an active member in good standing of the NSFSI.
- 2). Payment of membership dues.

ACTIVE MEMBER: Shall be any person who is actively involved in the education of training emergency personnel and subscribes to the practices and code of ethics of the Nebraska Society of Fire Service Instructors. *Annual Dues - \$10.00*

SUSTAINING MEMBER: Shall be any person, firm or corporation wishing to assist in attaining the objectives of the Society. *Annual Dues - \$10.00*

Please complete the membership application and written recommendation and submit it to nesociety@hotmail.com OR mail to NSFSI, P.O.Box 80405, Lincoln, NE. 68501. Or renew online at www.NSFSI.com Membership dues can be billed to your department, please include billing information.

If you are a current NSFSI member please remember that you **MUST** be in good standing in order to vote at the annual meeting in February. You may renew your membership with your conference registration, via this site or at the conference.

MEMBERSHIP APPLICATION

Check One: Active Member: ____ \$10.00 Sustaining Member: ____ \$10.00

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Organization: _____

Position in Organization: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Sponsoring Member: _____