

Fire Academy FSA
The Faculty Student Association at the NYS Academy of Fire Science

Application for Membership

Name _____

Street Address _____

City/State/Zip _____

Home Telephone (____) _____ Daytime Telephone (____) _____

E-Mail Address _____

Fire Department/Organization Affiliation _____

Position _____

How did you learn about FSA membership? _____

I certify that I am currently enrolled in a certificate course at the New York State Academy of Fire Science, have received a graduation certificate issued by the Academy, or am a full-time employee of the New York State Office of Fire Prevention and Control.

Signed: _____ Date: _____

Life Membership - \$25.00

If not submitted at the Academy, please mail with membership fee to: Membership, Fire Academy FSA, 600 College Avenue, Montour Falls, NY 14865