



**Mission Statement**

The NC Fire and Rescue Administrative Professionals' mission is to build a professional and personal network that will be informative, productive and valuable as a support staff to the Fire/Rescue services by providing opportunities for sharing knowledge through networking.

**North Carolina Fire and Rescue Administrative Professionals**  
Active, Associate or Honorary Members

**Membership Application**

Membership **Renewals** are due by July 31st of each year

**An Active Member** shall be defined as NC Fire and Rescue Support Staff and related positions of regularly organized public, governmental and private industrial fire departments.

**An Associate Member** shall be extended to the administrative personnel employed by all other fire service organizations, out-of-state fire departments or to those employed by a recognized North Carolina fire service academy/school.

**A Honorary Membership** status shall be automatically attained by any person who has retired and remained an active member in good standing in this Association upon retirement and payment of prescribed dues.

Honorary members shall be entitled to participate fully in the affairs of the Association, including holding elective office, and they shall have voting privileges.

**Committee Interest**

Is there a Committee you would like to assist with? Please check which one(s) you're interested in serving on.

- Administration
- Executive Support
- Program
- Fund Raising
- Professional Programs
- Recruitment and
- Membership
- Public Relations

**Membership Dues: \$50 (Please Check Membership Type Below)**

<input type="checkbox"/>	<b>New Membership - Will be prorated by the month you join</b>		
<input type="checkbox"/>	<b>Active</b>	<input type="checkbox"/>	<b>Associate</b>
<input type="checkbox"/>			<b>Honorary</b>
<b>Number of years you've been in Fire Service</b>			
<b>Todays Date:</b>			
<b>One form per person COMPLETE ALL AREAS - PLEASE PRINT NEATLY</b>			
<b>Member's Name:</b>			
<b>Dept. Name</b>			
<b>Dept. Address</b>			
<b>City/State/Zip</b>			
<b>Home Address</b>			
<b>City/State/Zip</b>			
<b>Please check which address you would like to receive NCFRAP mail</b>		<input type="checkbox"/>	<input type="checkbox"/>
		Home	Department
<b>E-mail Address:</b>			
<b>Home Phone #:</b>			
<b>Office Phone #:</b>			
<b>Cell Phone #:</b>			

**Treasurer will send invoice for dues by email**