

Membership Application

Houston Fire Department
Chief Officers' Association

PERSONAL INFORMATION

Name: _____
(First) (Middle) (Last)

Birth Date: _____ Age: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____ Cell Phone No: _____

E-Mail Address: _____

Emergency Contact: Name: _____ Phone Number: _____

EMPLOYMENT

Rank: _____ Division: _____

Emergency Ops Location: District: _____ Station: _____ Shift: _____
(or)

Work Location: _____

Years in Department: _____ Years in Rank : _____

Certifications/Education: _____

Signature: _____ Date: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> Discover
<input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Security Code: _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Houston Fire Department Chief Officers Association to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date