Fire Inspectors Association of Broward County
2012 Membership Application

Dues: ***$30.00 Per Calendar Year***

Last Name _____ First Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

Email Address _____

Department / Company Name _____ Title _____

Student ID# _____ Instructor ID# _____

Make Checks Payable to: **FIABC**

Send completed application and payment to: FIABC
P.O. Box 15397
Plantation, FL 33318

For Office Only

☐ Cash ☐ Personal Check ☐ City Check

Check # _____ $ Amount _____

Date _____ Receipt # _____