



ASSOCIATION OF

Fire & Emergency
Services Educators

FESE Membership Application:

Download & complete the appropriate application section.

Forward the form and your payment to :

900 North Coal Rd. Colchester II. 62326

Note: Make Checks payable to the Association of Fire & Emergency Service Educators

Program Type

4 year _____

2 year _____

High school _____

Institutional Membership (\$100 per year)

School name: _____

Address _____ Phone # (_____) _____

City _____ State _____ Zip Code: _____

Program Director: _____ Email Address; _____

Representative 's Name if other than Director: _____

Representative email: _____ Phone # (_____) _____

Individual Membership (\$25 per year)

Name: _____ Email Address; _____

Address _____ Phone # (_____) _____

City _____ State _____ Zip Code: _____

Employer name: _____

Do you teach.... Fire _____ EMS _____ Emergency Mang. _____ Law Enforcement _____

Other affiliation _____

Associate Membership (\$100 per year)

Organization name: _____

Address _____ Phone # (_____) _____

City _____ State _____ Zip Code: _____

Organization email: _____ Phone # (_____) _____