



Network Membership Application

Membership Options (check the option that best fits your situation):*

- Individual:** Join as an Individual Member if you are concerned about the threat of wildfire to your home and family. Individual members will receive educational materials and information regarding what they can do to reduce the wildfire threat to their home and property.
- Group:** Individual members who have formed a Group and are working together to reduce the wildfire threat by expanding the number of participating properties, as well as involving the entire community, can apply for recognition as a Group Member. As a Group Member, participating individuals will learn the requirements for their group to gain recognition as a Community Member, prepare or update a Community Wildfire Protection Plan (CWPP), recruit new members, plan and promote events, participate in the preparation of grant applications and more.
- Community:** When a group fulfills all the requirements for recognition as a Group Member and, in addition, is actively implementing the priority projects identified in their approved CWPP, they are eligible to apply for recognition as a Community Member of The Network. Community membership will convey full recognition for individuals reaching the highest level of achievement in making substantial progress toward becoming a Fire Adapted Community. Individuals belonging to a group recognized as a Community Member will receive training and assistance in keeping their CWPP current, collaborating with Network Partners, recruiting new members, planning and promoting events, preparing grant applications and more.

*All members will be invited to the annual membership meeting

Thank you! Please fill out the applicable subsequent sections on the following pages.

SECTION I (to be completed by all member applicants)

Personal Information:

Your information will not be shared with the public

First Name: _____ Last Name: _____

Are you currently, or have you ever, filled a leadership role in your community?

YES NO

• If yes, please describe your role: _____

• If no, would you be interested in learning more about leadership roles in regard to reducing the threat of wildfire?

YES NO

Property Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Local Fire Dept./District: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

SECTION II (to be completed by Group and Community member applicants)

Community Information:

Community Name: _____ County: _____

Average Lot Size: _____ Approximate Community Acreage: _____

Number of Structures: _____

Governance Structures within the Community:

None

HOA

➤ Name of HOA: _____

GID

➤ Name of GID: _____

Community Board

➤ Name of Community Board: _____

Other

➤ Please describe: _____

Do you consider your community to have a high percentage of part-time residents or rental properties?

YES

NO

What are your goals for reducing the wildfire threat to your community?

List any skills you have that can help with recruitment or wildfire threat reduction in your community:

SECTION III *(To be completed by Community Member applicants)*

What is the Title or Name of Your CWPP: _____

SECTION IV

Additional Community Member Information: *(If you have additional Group or Community Member Information you would like to include, please add them in this section.)*

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Thank you! Return via fax to 775-784-4881 or email to roicej@unce.unr.edu

For more information, contact Network Coordinator Elwood Miller, 775-336-0266