



Network Partner Membership Application

Types of Partner Memberships (check the option that best applies):

- Local Fire Service Representative:** choose this option if will be joining the Network as a representative of a Local Fire Service.
- Local, State or Federal Agency/Organization Representative:** choose this option if you will be joining The Network as a representative for your agency/organization.
- Professional Organizations:** choose this option if you are a professional organization joining as partners of The Network. Businesses with a membership in the professional organization can have their information on a list of resources available to Network Communities.
- Supporting Member:** choose this option if you are an individual or organization who wants to be part of or support The Network but do not fit into the other designated roles.

Please provide the following information as it most accurately applies to the partner membership category selected above:

Name (first & last): _____ Title: _____

Who are you representing? Self If you chose "Other", please list who you will be
 Other representing: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____

Email: _____ County: _____

Dept/Agency/Org Website: _____

Local Fire Department/Service District: _____

What types of support or services can your position, agency or organization provide to member communities in their efforts towards becoming a Fire Adapted Community?

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