



The National Wildfire Suppression Association
preserving and protecting our environment

MEMBERSHIP APPLICATION

Return form to: NWSA - P.O. Box 169 Mill City, OR 97360 or fax to 1-866-854-8186 or email to info@nwsa.us

Company Name:			
Owner Name:			
Title:			
Business Address:			
City/State/Zip:			
Phone:	Website:	Email Address:	
Agencies you contract with:	NPS___	USFS___	BLM___ State___ FEMA___ Other___

Date of Application: _____

INFORMATION ABOUT YOUR COMPANY/ORGANIZATON

Waterhandling Equipment ___ Type 2 Hand Crew ___ Faller Module ___

Catering/Food Services ___ Type 2 IA ___ Training ___

Heavy Equipment ___ Sanitation ___ Specialized Eqpt. ___

Other _____
Please Specify _____

Please indicate type of resources and how many	Type	How Many
	Hand Crews	
	Tenders	
	Engines	
	Faller Modules	
	Heavy Equipment	
	Other:	

Small Business (2-24 Employees)	\$250.00	\$ _____
Medium Business (25-49 Employees)	\$350.00	\$ _____
Large Business (50+ Employees)	\$500.00	\$ _____
Single Resource Member	\$100.00	\$ _____
Instructor Annual Renewal Fee	\$250.00	\$ _____
Corporate Sponsor (Vendors)	\$450.00	\$ _____
Training Certification—Instructor (One Time Fee)	\$250.00	\$ _____
TOTAL DUE		\$ _____

Check Box for FREE 1 Calendar Year Trial Membership for all NEW MEMBERS ONLY: _____ (Non-Voting)

PAYMENT METHOD:

Credit Card Payment (Type of Card) Visa Master Card Amount \$ _____

Card No.: _____ Expiration Date: _____ Security Code on Back of Card _____

Name on Card _____ Billing Address on Card _____

Payment by Check: Check No.: _____ Amt: _____