

**FIREFIGHTERS' BURNED CHILDREN FUND, INC.
CHAPTER APPLICATION**

Date: _____

Name of city/organization: _____

Address: _____

Key contact person(s): _____

Ph# Office: _____

Home: _____

Fax: _____

E-mail: _____

Number of agencies/fire departments/organizations under your chapter _____

Purpose for joining FFBCF _____

Our chapter of the Firefighters' Burned Children Fund will follow all rules regulations set forth by the bylaws and the State Office of the Fund.

Signature _____

Title _____

Date _____

Return To:
Firefighters' Burned Children Fund, Inc.
1215 South Boulevard
Charlotte, NC 28203