



Membership Application

Name and Professional Designation:

_____ Date: _____

Please indicate, by a checkmark, where you prefer to receive your correspondence. It is to our advantage to use email, if possible.

Business Name and Address:

Business Telephone Number: _____

Business Facsimile Number: _____

Business Email Address: _____

Home Address:

Home Telephone Number: _____

Home Facsimile Number: _____

Home Email Address: _____

Professional Data:

Education – Name of College(s)/ University(ies), Degree(s), Major(s), and Graduation Date(s)

Professional & Business Experience (Briefly list firms and position titles):

Are you a registered Professional Engineer? _____ If yes, list states & disciplines below

States: _____

Disciplines: _____

Professional Credentials:

SFPE National Member Status, if any, and No.: _____

Other Professional Society Memberships: _____

Other Professional Credentials (e.g. NICET, CFPS): _____

Chapter Sponsor: _____

I certify that all statements and representations included in this Application for membership in the Philadelphia-Delaware Valley Chapter of the Society of Fire Protection Engineers are true in substance and effect, and are made in good faith.

Applicant's Signature: _____ Date: _____

Application Fee: \$25.00 to be included with this application. (After October, dues are \$30.00). If this application is not accepted, the fee will be returned. If accepted, annual dues will be due again in September. (Make check payable to: SFPE – Philadelphia-Delaware Valley Chapter)

Please return this application and check to:

John Spitz, c/o Oliver Fire Protection & Security, 501 Fehely Drive, King of Prussia, PA 19406