



CALIFORNIA FIRE SERVICE VENDOR'S ASSOCIATION

4005 Manzanita Ave., Suite 6-350
Carmichael, CA 95608

916-944-4451 Office 916-944-2430 Fax
e-mail: cfsva@aol.com



MEMBERSHIP APPLICATION

Name: _____ Phone: _____

Company Name: _____ Fax: _____

Business Address: _____ Cell: _____

City: _____ State: _____ Zip: _____

Web Site: _____ E-Mail: _____

Home Address: _____ Phone: _____

City: _____ State _____ Zip: _____

Best Place to contact you: Office / Cell / Home Address of preference: Home / Office
(Please circle) (Please circle)

Committees that you would like to serve on?

Vending Quality: _____ Finance: _____

Site Selection: _____ Advisement: _____

Membership: _____ Retired Officers: _____

Please enclose your check for \$25.00 made payable to:

California Fire Service Vendor's Association

and mail to: California Fire Service Vendor's Association
c/o David Noe – President
4005 Manzanita Ave., Suite 6-350
Carmichael, CA 95608

Please retain this stub for your tax records – no receipt will be issued