

**F.O.O.L.S. International**  
**FRATERNAL ORDER OF LEATHERHEADS SOCIETY**  
**\*\*Membership Application Form\*\***  
**(PRINT LEGIBLY)**

\*\*\*\* DATE OF APPLICATION:  \*\*\*\*

ALL APPLICATIONS MUST BE SIGNED OR THEY WILL BE RETURNED

Local FOOLS Chapter:

Name/Rank: (Include Rank)  **Name:**  **FD Rank:**

Home Address:

City

State/Province

Zip Code

Email

Telephone

Fire Department (Please include the STATE)  **State:**

Do Not Abbreviate Department Name

(List only the Fire Department You Want On Your Membership Card)

\*\*\*\* By signing this application I am attesting that I am a firefighter / Retired firefighter\*\*\*\*

\*\*\*\* I will keep the International and my local chapter aware of any address, phone, e-mail or Department changes that I may have in the future \*\*\*\*

Signature of applicant: \_\_\_\_\_

Membership Donation **\$ 10.00** (Make check payable to FOOLS International or Fraternal Order of Leatherheads Society)

**Mail To:**

**FRATERNAL ORDER OF LEATHERHEADS SOCIETY**  
**Ellen Brown**  
**275 Dogwood Circle NE**  
**Cleveland, Tennessee 37323**