FIANT

Fire Instructors Association of North Texas

Annual Membership Dues Invoice

Department /Organization	_____	
Address	_____	
City, State & Zip Code	_____	
Phone:	_____	$100 Dept. Membership Includes Primary Member
Primary Member	_____	
Phone:	_____	
Fax:	_____	
Email	_____	

Associate Members $20 each

Associate Member	_____	$20.00	_____
Phone:	_____		
Email:	_____		
Associate Member	_____	$20.00	_____
Phone:	_____		
Email:	_____		
Associate Member	_____	$20.00	_____
Phone:	_____		
Email	_____		
Associate Member	_____	$20.00	_____
Phone:	_____		
Email	_____		

Total Membership Dues $_____

Payment method: Check_____

Make checks payable to: ***Fire Instructors Association of North Texas, Inc.***

F.I.A.N.T. Mailing address: **501 E. Wintergreen Rd.**
DeSoto, TX 75115

Payment by Credit Card ____ (Visa / MasterCard) requires a minimum $100 transaction.

Credit Card # _____
Expiration Date __ ___ /__ ___
Cardholder Name _____
Billing Address, Zip Code _____

Membership form may be emailed to: administrator@fiant.org

www.fiant.org

THANK YOU