



**SOCIETY OF FIRE PROTECTION ENGINEERS
GREATER ST. LOUIS CHAPTER**

**P.O. Box 28483
St. Louis, MO 63146
Attn: SFPE Membership**

September 5, 2019

INVOICE NOTICE
Application/Renewal
MEMBERSHIP DUES
CHAPTER YEAR 2019-2020

Dear Member:

It is that time of year again to collect our membership dues for the upcoming year.

As a fire protection professional, I know you are interested in continuing your affiliation with the Greater St. Louis Chapter of the Society of Fire Protection Engineers. You do not have to be a fire protection engineer to join as an affiliate of the local chapter. Your interest in fire protection and fire safety is demonstrated by your work and professional certification. By joining our organization, you will automatically have a network of over 100 other fire safety professionals. You will hear constant dialog on fire protection through the monthly meetings and the *Burning Issues* newsletter. Join today by filling out the enclosed application. Please return it with \$30 check, made payable to SFPE. Our Chapter Year goes from Sept. 2019 through May 2020.

Your membership includes eight issues of *The Burning Issues*, notice of seminars and meetings, and continuing education opportunities. Other activities include our annual golf tournament. Proceeds go to our scholarship fund. Please take the time to process this application today and mail it to (*please note our new mailing address*):

**SFPE
St. Louis Chapter
P.O. Box 28483
St. Louis, MO 63146
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If you wish to have your name in the Directory your updated information and dues should be in no later than December 1, 2019.

Please note: If you are a retired or student member, your dues are taken care of. Please complete the attached form in order to update our database (or there is an online form at <http://www.sfpe-stl.org/>) and show your continued interest in chapter activities.

Thanks

Sheila DeMand



Society of Fire Protection Engineers
Greater Saint Louis Chapter - Membership Form

Name: _____
(First) (Middle initial) (Last)

All information below same as previous year unless noted otherwise

Certifications: P.E. E.I. NICET Level _____ Other _____

Company: _____

Title: _____ Industry: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ cell home work

Secondary Phone: _____ cell home work

Email Address: _____

(Email addresses are collected for SFPE use only. We do not sell, rent, or give them to third-party parties.)

College/Degree/Graduation Year: _____

Membership Category (please check all that apply): National Member? Yes No

New member Student Renewal Retired Contribution

Dues Amount (refer to dues information on Membership webpage): \$ _____

*Note: The membership year begins September 1 and ends August 31.

I also wish to make a contribution to the scholarship fund: \$ _____

Total Amount: \$ _____

I certify that the statements indicated herein are true and correct to the best of my knowledge and are made in good faith.

Signature _____ Date _____

Mail membership form and check or money order, payable to SFPE St. Louis Chapter, to:

SFPE, P.O. Box 28483, St. Louis, MO 63146, Attn: SFPE Membership