



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:
Society of Fire Protection Engineers, Attn: SFPE Membership c/o Aaron Eckhardt, 6 South Old Orchard, Webster Groves, MO 63119