



VOTING MEMBER APPLICATION FOR MEMBERSHIP

The individuals named below are authorized representatives of the municipality or fire protection district requesting consideration by the NIPSTA Board of Directors for membership in the Northeastern Illinois Public Safety Training Academy.

MAYOR/PRESIDENT (if applicable)

Name _____

Address _____ City _____ Zip _____

Telephone/Ext. _____ Fax _____

E-Mail _____

MANAGER/ADMINISTRATOR (if applicable)

Name _____

Address _____ City _____ Zip _____

Telephone/Ext. _____ Fax _____

E-Mail _____

FIRE CHIEF

Name _____

Address _____ City _____ Zip _____

Telephone/Ext. _____ Fax _____

E-Mail _____

FIRE DEPARTMENT TRAINING OFFICER

Name _____

Address _____ City _____ Zip _____

Telephone/Ext. _____ Fax _____

E-Mail _____

POLICE CHIEF (if applicable)

Name _____

Address _____ City _____ Zip _____

Telephone/Ext. _____ Fax _____

E-Mail _____

POLICE DEPARTMENT TRAINING OFFICER (if applicable)

Name _____

Address _____ City _____ Zip _____

Telephone/Ext. _____ Fax _____

E-Mail _____

PUBLIC WORKS DIRECTOR (if applicable)

Name _____

Address _____ City _____ Zip _____

Telephone/Ext. _____ Fax _____

E-Mail _____

Please fax your application to 847-998-8091. Thank you.