



Wisconsin Prescribed Fire Council Membership Form

www.prescribedfire.org

Last Name: _____ First Name: _____

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____ Email: _____

Dues: (check one)

- Student (\$20.00 for 4 years)
- Individual (\$20.00 annually)
- Individual Lifetime Member (\$250.00)
- Organization (\$100.00 annually)
- Supporting Member (\$250.00 annually)

(Check One)

- I give the Wisconsin Prescribed Fire Council permission to have my name listed as a member on WPFC publications.
- I wish to remain anonymous.

The council welcomes volunteers. If you are interested in participating in one of the council's committees, please check the committee(s) you are interested in:

- Education and Outreach
- Training
- Membership
- Government Relations
- Liability
- Implementation and Standards

