Wisconsin State Fire Inspectors Association

LIFETIME MEMBERSHIP
NOMINATION FORM

Please accept the following name in nomination for Lifetime Membership to be presented by the Wisconsin State Fire Inspectors Association to member of the Association, who has demonstrated a commitment to the Wisconsin State Fire Inspectors Association and to fire prevention. This award will be presented at the Wisconsin State Fire Inspectors Association Conference

Member's Name _____

Fire Department _____

Address _____ Phone _____

City _____ Zip Code _____

Write a short description outlining the nominee's accomplishments, service, and reasons you feel qualifies them for this recognition. Attach additional pages if needed.

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Your Name _____ Title _____

Address, City _____ Phone _____

Please send this completed form to:
Laurie Frey
Wisconsin State Fire Inspectors Association
PO Box 1075
Menomonee Falls, WI 53051