



THE NEVADA NETWORK OF FIRE ADAPTED COMMUNITIES

Application for Individual Membership

Qualifications	Benefits of Membership
To qualify for membership as an <i>Individual Member</i> , individuals must:	<i>Individual Members</i> will receive the following benefits:
1. Reside or own property in a Nevada location threatened by wildfire.	1. The opportunity to support an organization that works to protect their home and their community from wildfire.
2. Agree to support the Mission and Vision of the Network.	2. The opportunity to join with other <i>Individual Members</i> to form a local community <i>Chapter</i> , which could increase the opportunity to receive financial support for fire adapted activities from state, federal and local entities.
3. Apply fire adapted community principles to their own residence/properties.	3. The opportunity to receive information, education and training related to wildfire preparedness.
4. If affiliated with a community chapter, agree to support the objectives of that chapter.	4. The opportunity to acquire technical knowledge needed to more effectively influence planning and decision-making activities affecting the local area.

<p>5. Pay the annual fee. individual membership fee will be postponed until the Network Annual Membership fee collection mechanisms are in place</p>	<p>5. Should an individual member choose to affiliate with a Network Community Chapter their membership fee will be pooled into their Community Chapter Grant fund pool as outlined within the Network's Operating Manual Appendix E.</p>
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Please provide the requested information under each of the headings that follow: Additional pages may be attached if more space is required.

Date: _____

<p>Contact Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>County: _____</p> <p>Home Phone: _____</p> <p>Cell: _____</p> <p>FAX: _____</p> <p>E-mail: _____</p>
<p>Mailing Address (If different from above): _____</p> <p>City: _____ State: _____ Zip Code: _____</p>

Please indicate below the category of membership you are seeking:

- Individual Membership: Individuals applying for this category must reside or own property in a location threatened by the occurrence of wildfire. Please provide a general description of where your house or property is located. _

Friend of the Network: Please describe your reason for seeking Network membership in this category. _____

Friend of the Network

Individuals who do not live in an area with a threat of wildfire or simply want to support the mission of the Network can become a member in this category. Members in this category will be assessed the same annual fee as *Individual Members*. *Friends of the Network* will receive a monthly on-line newsletter, invitations to training seminars, and an invitation to attend the annual Statewide Conference.

Do you currently, or have you ever served in a leadership role in your community?

No Yes (If yes please describe) _____

Is there a Community Chapter of the Network active in your community?

Yes, Name _____

Are you currently an active participant in this Chapter?

Yes No

No

Not sure

Are you aware of any other organization or group that is currently working to prepare your community for the presence of wildfire?

Yes, Name _____

No

Not sure

Have you completed work to prepare your home and property for the occurrence of wildfire?

Yes, briefly describe work completed: _____

No, briefly describe your plans to begin preparing your home and property for the occurrence of wildfire:

Annual Membership Fee

Amount Enclosed

The yearly membership fee is \$15.00.
Primary Community Chapter Affiliation: _____

Individual Members may become active
In more than one community Chapter.
There is an additional annual fee of
\$5.00/Chapter if you wish to exercise
this option.

Additional Community Chapter Affiliations: _____

(The individual membership fee will be postponed until the Network Annual Membership fee collection mechanisms are in place)

Total Amount Enclosed _____

Applicant Declaration

Desiring to become a member, I commit to support, assist, and advance the mission and vision of the Nevada Network of Fire Adapted Communities. I accept the obligations and responsibilities that such an affiliation confers. Further, I recognize and acknowledge that the goodwill, trust, and reputation of the Network and the ability of every member to advance the mission rests on the acts, words, and deeds of all those associated with the Network. Therefore, my involvement will be conducted in a manner that upholds the integrity, credibility and reputation of the Network and I will commit to preparing myself, my home, my community, and the surrounding landscape to survive the occurrence of wildfire to the greatest extent possible.

Name: _____

(Printed)

Signature _____ Date: _____

Please return to Michael S. Beaudoin-Network Coordinator

By Email: MBeaudoin@Forestry.NV.Gov

By Mail:

Michael Beaudoin
Nevada Network
2478 Fairview Drive
Carson City, Nv. 89701

Network Approval:

Date Approved by the Advisory Board: _____

Denied by the Advisory Board (Network Staff to follow up with Proposed Chapter founding members to correct application)

Network Representative Name: ~ _____

Network Representative Signature: _____ Date: _____