

# FIRESAFE COUNCIL APPLICATION

Information submitted will only be used by FireSafe Montana

**Please provide the requested information under each of the headings that follow:  
Additional pages may be attached if more space is required.**

Date: \_\_\_\_\_

FireSafe Council  
Name: \_\_\_\_\_

Primary Contact: _____	Backup Contact: _____
Address: _____	Address: _____
_____	_____
_____	_____
Home Telephone: _____	Home Telephone: _____
Work Telephone: _____	Work Telephone: _____
Cell: _____	Cell: _____
FAX: _____	FAX: _____
E-Mail: _____	E-Mail: _____
_____	_____

Describe the geographical area that defines the operational jurisdiction for the firesafe council. Please attach a map showing the boundaries within which the FireSafe Council will conduct its activities.

Please list the three highest priority goals that you plan to accomplish over the next two years.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## FIRESAFE COUNCIL DECLARATION

We the undersigned, desiring FireSafe Council affiliation with FireSafe Montana, commit to support and adhere to the purpose and principles described in the “Invitation to FireSafe Council Affiliation” and accept the powers and obligations that such an affiliation confers. Further, we recognize and acknowledge that the goodwill, trust, and reputation of FireSafe Montana as a whole and the ability of every member to achieve its purpose rests on the acts, words, and deeds of all those associated with the name and related images. Recognizing that FireSafe Council affiliation gives us the right to use the name, we commit to:

- Conducting our affairs in a manner that upholds the integrity, credibility, and reputation associated with the name and related images.
- Only use the name and related images in direct connection with work conducted in furtherance of the purpose.
- Only use the name and related images in conformity with operating procedures and standards for use and quality set forth from time to time by the FSM Board of Directors.
- Stop using the name and related images upon termination of individual membership or council status.

Name (Please Print) Signature	Mailing Address	Property Address	Date
1. Printed Name: _____ Signature: _____			
2. Printed Name: _____ Signature: _____			
3. Printed Name: _____ Signature: _____			
4. Printed Name: _____ Signature: _____			
5. Printed Name: _____ Signature: _____			

Name (Please Print) Signature	Mailing Address	Property Address	Date
6. Printed Name: _____ Signature: _____			
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13. Printed Name: _____ Signature: _____			
14. Printed Name: _____ Signature: _____			
15. Printed Name: _____ Signature: _____			

Name (Please Print) Signature	Mailing Address	Property Address	Date
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23. Printed Name: _____ Signature: _____			
24. Printed Name: _____ Signature: _____			
25. Printed Name: _____ Signature: _____			