

## North Florida Prescribed Burn Association



### Membership Application Form

*Covering Alachua, Bradford, Baker, Clay, Columbia, Duval, Flagler, Gilchrist, Hamilton, Levy, Marion, Nassau, Putnam, St. Johns, Suwannee, and Union counties.*

#### **Please print information below**

Landowner or Entity Name: \_\_\_\_\_

If representing an Entity, \_\_\_\_\_ (Proxy)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Phone Number: (    ) \_\_\_\_\_

Cell Phone Number: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Address (if different from mailing address): \_\_\_\_\_

Available Burning Equipment: \_\_\_\_\_

Experience: Certified: \_\_\_\_\_ Number of burns conducted \_\_\_\_\_ Participant burns: \_\_\_\_\_

Please complete a complete signed membership form to: [NFPBA2017@gmail.com](mailto:NFPBA2017@gmail.com)

Or Charlie Farr, 450-106 State Road 13N, Box 415, St. Johns, Florida 32251

I understand that as a member of the NFPBA, I will adhere to all of the articles contained within the approved By-laws. I further state that I have the authority to represent (Entity/Landowner/Partnership listed on this membership application) with my signature below:

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

(Rev. 2/2/18)