SUFFOLK COUNTY F.O.O.L.S.

An Affiliate Chapter Of:

F.O.O.L.S. International
FRATERNAL ORDER OF LEATHERHEADS SOCIETY
Membership Application Form
(Print Legibly)

Name/Rank: **(Rank MUST be included)** | **Name:** | **Rank:**

Home Address:

City

State/Province

Zip Code

Email

@

E-Mail Visible on Web Site: Yes ( ) No ( )

Telephone (**Home**)

Telephone (**Cell**)

Fire Department
(Please include the STATE) | **STATE:**

(List only the Fire Department You Want On Your Membership Card)

Membership Donation: F.O.O.L.S. International **$ 10.00 -** If member already check **( )**

Suffolk FOOLS **$ 10.00**

Total $$ enclosed:

Make all checks payable to:
Rich Nappi or Jim Nizza C/O. Suffolk FOOLS

Mail All Correspondence To:

Suffolk County F.O.O.L.S.
P.O. Box #7
Farmingville, New York 11738

Revised 01/07

For More Information Visit: www.SuffolkFOOLS.com