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

****** DATE OF APPLICATION: _____ ******

Local FOOLS Chapter:	
Name/Rank: **(Rank MUST be included)**	**Name:** **Rank:**
Home Address:	
City	
State/Province	
Zip Code	
Email	
	@
Telephone	--- ---
Fire Department **(Please include the STATE)**	**STATE:**

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

Membership Donation **$ 10.00** **(Make check out to Fools International or Fraternal Order of Leatherheads Society)**

Total $$ enclosed:

Mail To:

FRATERNAL ORDER OF LEATHERHEADS SOCIETY
Ellen Brown
275 Dogwood Circle NE
Cleveland, Tennessee 37323

Revised 02/08