

# MEMBERSHIP APPLICATION

**NOTE:** Apply online at  
[www.thefirma.org](http://www.thefirma.org)



Type of Membership (check one)     **Certified**     **Sustaining**     **Emeritus**

Full Name\*: \_\_\_\_\_

*\*Please include all professional designations that you would like to appear in the FIRMA Membership Directory.*

Preferred Name/Nickname: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Home Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Preferred Mailing Address:     *Business*     *Home*

*Do you wish to receive periodic emails from FIRMA relating to training, special offers, publications etc.?*

**YES**     **NO**

*If 'no', FIRMA will block your email address from FIRMA email distribution.*

**This section to be completed by applicants requesting certified membership status:**

*I hereby attest that I am certified as a \_\_\_\_\_, such certification sponsored by \_\_\_\_\_. I further attest that I am in good standing through code of ethics and/or continuing education requirements with sponsoring organization and acknowledge that I will have to meet the continuing education requirements of FIRMA.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Please attach a copy of your certificate or other evidence of certification.**

*continue on back*

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**Application Fees**

- \$140 Dues are enclosed for certified member status
- \$175 Dues are enclosed for sustaining member status
- \$35 Dues are enclosed for emeritus member status
  
- Please charge the amount indicated above to my credit card*  
(Mastercard, Visa, American Express or Discover):

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card#

exp. date

**Apply by returning this form  
with payment to:**

FIRMA  
P.O. Box 507  
Stockbridge, GA 30281

**or:**

Fax to: 678.565.8788  
E-mail to: [thefirma@negia.net](mailto:thefirma@negia.net)

**How did you hear about FIRMA?** \_\_\_\_\_

*If you were referred by a current member, please provide his/her name:*

**Additional Information:**

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