IFSA
International Fire Suppression Alliance

MEMBERSHIP APPLICATION

ORGANIZATION INFORMATION

Organization

Email

Mailing Address

Phone

Website

Social Media

TYPE OF ORGANIZATION

- ◯ Device Manufacturer
- ◯ Component Manufacturer / Service Provider
- ◯ Installer / Maintainer
- ◯ Research / Testing Laboratory / Insurance
- ◯ Non-affiliated Regional Not-for-Profit
- ◯ Academic Institution
- ◯ Authority Having Jurisdiction
- ◯ Consulting / Design Professional Firm
- ◯ Other _____

PRINCIPAL REPRESENTATIVE

Name

Title

Email

Phone

SECONDARY CONTACT

Name

Title

Email

Phone

COMPANY PROFILE

Write a brief company profile (1-2 paragraphs) for use on our website and in our communications.

MEMBERSHIP APPLICATION

STATEMENT OF AGREEMENT WITH IFSA'S MISSION

The organization named above is applying for Membership in IFSA, the International Fire Suppression Alliance. IFSA a not-for-profit association created "to globally promote the use of effective water-based fire protection systems." The IFSA seeks to achieve this mission by:

- **Fostering the development of national and regional organizations with similar objectives**
- **Promoting the enhancement of codes, standards, and fire safety legislation**
- **Developing of information systems to protect product integrity, and industry identity**
- **Providing access to training and education**
- **Expanding IFSA visibility, membership, and support**

By applying, you attest that you subscribe to IFSA's mission and vision. You also agree to abide by and comply with IFSA's governance documents including our bi-laws, anti-trust policy, and conflict of interest policy. As a Member of IFSA we welcome your participation at IFSA events, conferences, meetings, and on any of our social media platforms. IFSA is committed to providing its members with time-sensitive and up-to-date information on issues of importance to the field. So that your organization may benefit from these services, we request permission to send you and/or your staff timely print, faxed, or e-mail communications, such as Sprinkler Scene, conference announcements, training programs, and related marketing opportunities. Please indicate your organization's acceptance by inputting your initials below.

PRINCIPAL REPRESENTATIVE TO INITIAL HERE: _____

SUBMITTED BY

Name | Title | Date

Signature

SUBMIT TO

IFSA Membership
5419 North Gilbert Lane
Abrams, WI 54101 - USA

Membership questions? Contact Mark Fessenden at mfessenden@ifsa.global