



# EL DORADO COUNTY FIRE SAFE COUNCIL

## 1. Associate Council Application

Name of Associate Council: \_\_\_\_\_

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

\_\_\_\_\_

Location and proposed boundaries: Attach Map

Officers:

Phone

email

Chairperson: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_

Other: \_\_\_\_\_

Number of active members: \_\_\_\_\_ Meeting Schedule: \_\_\_\_\_ Location: \_\_\_\_\_

Association Status (select): \_\_\_\_\_ Satellite \_\_\_\_\_ Affiliate

Financial Information:

Do you have your own business license? \_\_\_\_\_ (Yes / No)

Do you have your own bank account? \_\_\_\_\_ (Yes / No)

Non Profit Status: Have own 501 (c)(3)? \_\_\_\_\_ (Yes / No)

Fundraising activities: \_\_\_\_\_

\_\_\_\_\_

Expected benefits from association with EDCFSC \_\_\_\_\_

\_\_\_\_\_

Proposed projects: \_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by the EDCFSC Board: \_\_\_\_\_ Date: \_\_\_\_\_