



EL DORADO COUNTY FIRE SAFE COUNCIL

515 Main Street, Ste. 103
Placerville, CA 95667
(530) 647-1700

Website: edcfiresafe.org

Email: clerk@edcfiresafe.org

2. ASSOCIATE FIRE SAFE COUNCIL (AFSC) AGREEMENT

Applicant Organization: _____

Submitted by (name): _____

Address: _____

City and Zip Code: _____

Phone #: _____ Email: _____

As an Associate of the El Dorado County Fire Safe Council, the (Associate FSC Name) agrees to the following:

1. To regularly attend and actively participate in the EDCFSC meetings.
2. To ensure that the Council's operations are sound and that regular oversight occurs.
3. To adhere to the Bylaws and Policies of EDCFSC.
4. To have a mission statement complimentary to the EDCFSC Mission Statement.
5. To oversee that the Associate Fire Safe Council operates within legal and ethical guidelines.
6. To promote the interests of this AFSC and to enhance its standing in the community wherever possible.
7. To refrain from using the AFSC as a means or a platform to enhance any personal projects or goals and to refrain from any semblance of self-dealing.
8. To adhere to a code of conduct such that the EDCFSC would never be harmed by association.
9. To work cooperatively with the EDCFSC and other AFSCs
10. To provide regular updates of AFSC activities to the EDCFSC

Signed: _____ Date: _____

Title/Position in Associate FSC _____

Approved at EDCFSC Board of Directors Meeting on _____

EDCFSC Secretary Signature: _____