

**F.O.O.L.S. International**  
**FRATERNAL ORDER OF LEATHERHEADS SOCIETY**  
**Membership Application Form**  
**(Print Legibly)**

Local FOOLS Chapter:

Name/Rank: (Rank **MUST** be included)  Name:  Rank:

Home Address:

City

State/Province

Zip Code

Email

@

Telephone  ---  ---

Fire Department  STATE:   
(Please **include** the 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**  
**PMB 3098** (This **MUST** be included in the address)  
**P.O. Box 2430**  
**Pensacola, Florida 32513**