



FIREHOUSE® SUBSCRIPTION OFFER

SUBSCRIPTION

Name _____ Membership # _____

Rank/Title _____

Department/Agency _____

Address _____

City _____ State/Province _____ Zip/Postal code _____ Country _____

Phone _____ Business Cell Phone _____

E-mail _____

Check here if you do not wish to receive Product and Service Information from our industry Partners via e-mail

CHARGE TO (If different from above)

Name _____ Rank/Title _____

Department/Agency _____

Address _____

City _____ State/Province _____ Zip/Postal code _____ Country _____

Phone _____ Business Cell Phone _____

E-mail _____

Check here if you do not wish to receive Product and Service Information from our industry Partners via e-mail

Payment Options: (Payment must be made in US Dollars and drawn on a US Bank. Canada orders please add GST, PST or HST tax.)	
Charge to: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Bill Me
Credit Card #:	
Expiration Date:	
Signature (Required):	
Date:	
Name (Please print):	
Customer Service: (800) 825-8577 • Fax to: (847) 564-9453	

Subscriber Title/Rank	Type of Dept.
<input type="checkbox"/> 01. Fire Chief <input type="checkbox"/> 02. Assistant or Deputy Fire Chief <input type="checkbox"/> 03. Battalion/Division/District Chief <input type="checkbox"/> 04. Commissioner <input type="checkbox"/> 05. President/Owner/VP <input type="checkbox"/> 06. Secretary/Treasurer <input type="checkbox"/> 07. Other Fire Officials, Federal, State and Local incl. City Mgrs <input type="checkbox"/> 08. Fire Marshal <input type="checkbox"/> 09. Training Officer/Instructor <input type="checkbox"/> 10. Captain/Commander/Lieutenant <input type="checkbox"/> 11. EMS Director/Coordinator <input type="checkbox"/> 12. Firefighter <input type="checkbox"/> 13. Paramedic/EMT <input type="checkbox"/> 14. Engineer <input type="checkbox"/> 98. Other (specify) _____	<input type="checkbox"/> 01. Vol/Paid-on-Call <input type="checkbox"/> 02. Paid <input type="checkbox"/> 03. Comb. Paid/Vol. <input type="checkbox"/> 07. Other Fire Dept. <input type="checkbox"/> 04. Industrial/Institutional <input type="checkbox"/> 05. Military/Federal <input type="checkbox"/> 98. Other (specify) _____
	Population Served by Department
	<input type="checkbox"/> 01. Under 2,500 <input type="checkbox"/> 02. 2,500 – 9,999 <input type="checkbox"/> 03. 10,000 – 49,999 <input type="checkbox"/> 04. 50,000 – 99,999 <input type="checkbox"/> 05. 100,000 – 249,999 <input type="checkbox"/> 06. 250,000 – 499,999 <input type="checkbox"/> 07. 500,000 – 999,999 <input type="checkbox"/> 08. 1 million or more
Function	
<input type="checkbox"/> 01. Management <input type="checkbox"/> 02. Training <input type="checkbox"/> 03. Prevention <input type="checkbox"/> 04. Suppression	<input type="checkbox"/> 05. Investigation <input type="checkbox"/> 06. Maintenance <input type="checkbox"/> 07. Communication <input type="checkbox"/> 08. Public Education
	<input type="checkbox"/> 09. EMS <input type="checkbox"/> 10. Hazmat <input type="checkbox"/> 11. Rescue <input type="checkbox"/> 12. Other (specify) _____

SUBSCRIPTION OFFER	TERM	USA
FIREHOUSE® PRINT MAGAZINE	<input type="checkbox"/> One Year	\$11.00
FIREHOUSE® DIGITAL MAGAZINE	<input type="checkbox"/> One Year	\$4.00

Visit us at: www.firehouse.com

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 or EMAIL to: circ.firehouse@omeda.com