SOCIETY OF FIRE PROTECTION ENGINEERS
HAWAII CHAPTER
INFORMATION FORM FOR CHAPTER FRIEND

1. PLEASE COMPLETE

Name: _____
First Middle Last

Title: _____

Organization: _____

Address: _____

City _____ State _____ Zip Code _____

Phone ( ) _____ Fax ( ) _____

Email _____

The address shown above is your: ☐ business address ☐ home address

Fee (1 year) ☐ **$20.00** Make checks payable to **Hawaii Chapter SFPE**

2. CHECK ONE: Which one of these best describes your organization?

- ☐ Architectural/Engineering Firm
- ☐ Insurance Industry
- ☐ Fire Department
- ☐ Building Department
- ☐ Health Care
- ☐ Federal, State or Local Govt
- ☐ Hotel/Tourism Industry
- ☐ Mercantile, Retail
- ☐ Research/Testing Laboratory
- ☐ Contractor
- ☐ Fire Equipment Manufacturer
- ☐ Dealer, Distributor
- ☐ Trade or Professional Organization
- ☐ Education Institution
- ☐ Utility
- ☐ Manufacturing
- ☐ Commercial
- ☐ Other _____

3. CHECK ONE: Which one of these best describes your job function?

- ☐ Fire Protection Engineer
- ☐ Architect
- ☐ Engineer
- ☐ Loss Control/Risk Manager
- ☐ Consultant
- ☐ Safety Engineer/Manager
- ☐ Fire Chief, Chief Officer
- ☐ Fire Inspector
- ☐ Fire Fighter
- ☐ Owner/President/Manager
- ☐ Administrator/Supervisor
- ☐ Educator
- ☐ Technician
- ☐ Attorney
- ☐ Salesman
- ☐ Student
- ☐ Fire Marshall
- ☐ Other _____

Date _____

Chapter friends will receive discounts on all Hawaii Chapter SFPE events, the chapter newsletter Ka 'Elele O Ka Maluahi, and will receive all Chapter announcements. Chapter Friends are entitled to one discount per event.

Please return to: **Hawaii Chapter SFPE**
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Honolulu, HI 96817-5316
Tel (808) 526-9019/Fax (808) 537-5385

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