

**F.O.O.L.S. International**  
**FRATERNAL ORDER OF LEATHERHEADS SOCIETY**  
**Membership Application Form**

|  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Local FOOLS Chapter:                                 | <input type="text"/>                   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Name/Rank:   | <input type="text"/>                   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Home Address:  | <input type="text"/>                   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| City   | <input type="text"/>                   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| State/Province                                       | <input type="text"/>                   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Zip Code   | <input type="text"/>                   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Email  | <input type="text"/>                   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  | @                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone  | <input type="text"/>                   | <input type="text"/> | <input type="text"/> | ---                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | ---                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fire Department<br>(Please <b>include</b> the STATE) | <div>STATE:</div> <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Membership Donation                                  | \$ 10.00                               |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| Total \$\$ enclosed:                                 | <input type="text"/>                   |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

**Mail to:**  
**FRATERNAL ORDER OF LEATHERHEADS SOCIETY**  
**PMB 3098** (This **MUST** be included in the address)  
**P.O. Box 2430**  
**Pensacola, Florida 32513**