



## Annual Membership Application

### ***Know Your Smoke: The Dangers of Fire Smoke Exposure***

Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Contact Tel No: \_\_\_\_\_  
Address:  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

#### **Annual Membership Fee: \$30.00**

Benefits Include exclusive access to through the Coalition's website to:

- Coalition publications, power point presentations, audio podcasts, and the Virtual Smoke Symposium
- Notification of up-to-date research
- Monthly E-newsletters
- Virtual Smoke Symposium
- "Ask an Expert" to access Coalition experts for fire and medical-related topics

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Cash: \_\_\_\_\_

(Signature required for credit card authorization.)

*\*If sending a check, please make check payable to Cyanide Poisoning Treatment Coalition.*

***Please print Username and Password. Information is required to initiate membership.  
Username and Password are not case sensitive.***

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Return application:

Email to: [shawn@firesmoke.org](mailto:shawn@firesmoke.org)

or

Mail to:  
Fire Smoke Coalition  
6100 N. Keystone, Suite 624  
Indianapolis, IN 46220