



Lifetime Membership Application

Know Your Smoke: The Dangers of Fire Smoke Exposure

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

Lifetime Membership Fee: \$100.00

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

or

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