WASHINGTON FIRE COMMISSIONERS ASSOCIATION
CONFERENCE MEMORIAL SERVICE

Each year at annual conference, a memorial service is held for fire commissioners, secretaries and chiefs who have passed away during the year. In an effort to properly honor these individuals, we wish to gather complete information for the memorial service that will be held during the conference opening ceremonies. We will also use this information to compose a written tribute for each of the deceased which is distributed to all conference attendees. We ask that you fill out this form, include a brief background or obituary, and return it to the association office. If there is someone else in your district who could better supply the information, please pass this on to them.

NAME OF DECEASED:_____

DATE AND PLACE OF BIRTH: _____

DATE AND PLACE OF DEATH: _____

SERVED_____ **COUNTY FIRE PROTECTION DIST. #_____ AS**
(complete applicable portions):

    COMMISSIONER from _____ (year) to _____ (year)

    CHIEF from _____ (year) to _____ (year)

    DISTRICT SECRETARY from _____ (year) to _____ (year)

    OTHER (please specify) _____

    from _____ (year) to _____ (year)

In one or two paragraphs (on a separate sheet or the reverse side of this page) please provide a brief background on the individual and a history of his/her fire service activities. For example, did the person help form the fire district? Help implement a service or program beneficial to the district and/or community? Have perfect attendance at commissioner meetings? Attend WFCA conferences and/or seminars? Belong to specific clubs/organizations? Serve in the military? Earn any awards or commendations? Have any special accomplishments or achievements? These questions and the enclosed written memorial should give you the gist of the type of information to include.

If you have any questions, call Nora at the WFCA office 1.800.491.9322 or 360.943.3880. Return completed form to: WFCA, P. O. Box 134, Olympia, WA 98507, fax 360.664.0415, or email information to norae@wfca.wa.gov.

If there are questions regarding the information you provide, whom should we call?

NAME:_____ **DAYTIME PHONE:** (_____)_____