

Department Contact Information

Department: _____
Department Address: _____

City: _____ State/Province: _____
Zip Code: _____ Country: _____ County: _____
Department Non-Emergency Phone: () _____
Department Fax: () _____
Department Email: _____
Department Website: _____

Type of Organization

- Career Volunteer Combination
- Industrial/Military EMS Only County Organization
- Regional Organization State Organization

Payment (Annual Dues: \$175 U.S. Funds)

Check Voucher Cash Credit Card
Card#: _____
 AmEx Discover MasterCard Visa
Expiration Date: ____ / ____ CVN#: _____
Name on Account: _____
Billing Address: _____

City: _____
State/Province: _____ Zip Code: _____

Send Form With Payment To:

New York State Association of Fire Chiefs
1670 Columbia Turnpike • P.O. Box 328
East Schodack, NY 12063 • Fax: (518) 477-4430
Email: members@nysfirechiefs.com
Phone: (800) 676-FIRE • (518) 477-2631