Department Membership Application

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

Payment *(Annual Dues: $300 U.S. Funds)*

❑ Check ❑ Voucher ❑ Cash ❑ Credit Card

Card#: _____

A 3% service fee will be applied if paying by credit 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