

Member Information

Name: _____
Department: _____
Current Fire/EMS Title: _____
Your Status: Career Volunteer Military
Mailing Address: _____
City: _____ State/Province: _____
Zip Code: _____ Country: _____ County: _____
Home Phone: () _____ Business Phone: () _____
Cell Phone: () _____ Pager: () _____
Email: _____
Referred by (NYS AFC Member's Name): _____

NYS AFC Membership

Fire Section EMS Section Both*

** To hold dual membership, you must be a chief fire officer of a department that is also an EMS provider service.*

Payment (Annual Dues: \$40 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 NYSAFC:

1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063-0328 • Fax: (518) 477-4430 • Email: members@nysfirechiefs.com