

## NYS AFC Individual Membership Application

Name: \_\_\_\_\_

Current Title: \_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_

Personal Status:  Career  Volunteer

Department Name/Type: \_\_\_\_\_

Career  Volunteer  Combination  Industrial/Military  EMS Only

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ County: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Sponsored/Referred By (if applicable): \_\_\_\_\_

**Payment (\$45 U.S. Funds):**  Check  Voucher  Cash  Credit Card (3% service fee will be applied. AMEX, DISC, MC, VISA accepted.)

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVN: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Submit to NYS AFC:** 1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063 • Email: [members@nysfirechiefs.com](mailto:members@nysfirechiefs.com) • Fax: (518) 477-4430