NYSAFC 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 ($60 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 NYSAFC: 1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063 • Email: members@nysfirechiefs.com • Fax: (518) 477-4430