

Individual Membership Application

Name: _____

Department Name/Type: _____

Career Volunteer Combination Industrial/Military EMS Only

Current Rank/Title: _____

Highest Rank Attained: _____

Personal Status: Career Volunteer

Mailing Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____ County: _____

Home Phone: () _____ Business Phone: () _____

Cell: () _____ Email: _____

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 \$40 Payment To NYSAFC:

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