



STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

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ph. 512.454.3473 / f.512.453.1876
membership@sffma.org
www.sffma.org

OFFICE USE ONLY

DEPARTMENT MEMBERSHIP APPLICATION

HAVE YOU FILLED THIS FORM OUT BEFORE? Don't re-apply, just login to SFFMA Online to access your Department Membership Roster and make changes.

To add members to your department's roster, enter the appropriate information on the form below for each individual. Renewals ONLY need SFFMA ID#.

MY DEPARTMENT SFFMA ID# _____

INDIVIDUAL SFFMA MEMBER ROSTER

* Are required in order to process membership

Note: Unique email addresses are necessary if individual members want SFFMA Online access.

FIREFIGHTER

SFFMA ID#: _____ Name: _____ Home Address: _____ Email Address*: _____ ANNUAL DUES \$30 [] VFIS Extended Policy \$10 [] NVFC Extended Policy \$15

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METHOD OF PAYMENT

[] CHECK #: [] PO [] PREPAID CREDIT [] MC [] VISA [] AMEX [] DISC Cardholder Name: Credit Card #: Expiration Date: Signature: Date:

DEPARTMENT APPLICATION CONTINUATION

AVOID FILLING OUT INDIVIDUAL MEMBERS BY GOING ONLINE AT www.sffma.org

To add members to your department's roster, enter the appropriate information on the form below for each individual.
Note: Unique email addresses are necessary if individual members want SFFMA Online access.

** Are required in order to process membership*

INDIVIDUAL SFFMA MEMBER ROSTER

Note: Unique email addresses are necessary if individual members want SFFMA Online access.

FIREFIGHTER

SFFMA ID#: _____ Name: _____
(if applicable) First Middle Last Suffix
Home Address: _____ Gender: M F
(City/State/Zip Code)
Email Address*: _____ Last 4 of SSN*: _____ DOB*: _____
(MM/DD/YY)
ANNUAL DUES \$30 VFIS Extended Policy \$10 NVFC Extended Policy \$15

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