



STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

PO Box 1709/ Manchaca, TX 78652

ph. 512.454.3473 / f.512.453.1876

membership@sffma.org

www.sffma.org

OFFICE USE ONLY

DEPARTMENT MEMBERSHIP APPLICATION

SFFMA ID#: \_\_\_\_\_ (if applicable)

Fire Dept Type:  Volunteer  Paid  Combination

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

Mailing Address: \_\_\_\_\_ (City/State/Zip Code)

Fire Chief\*: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Email\*: \_\_\_\_\_ FD Phone#: \_\_\_\_\_

Signature\*: \_\_\_\_\_ FD Fax#: \_\_\_\_\_

\* Are required in order to process membership

DEPARTMENT DUES

Population Served From Last Census

SELECT ONE

- 0 -01,750 = \$95
1,751-5,000 = \$135
5,001-10,000=\$155
10,001-20,000=\$175
20,001-30,000=\$195
30,001-40,000=\$220
40,001-OVER=\$245

INTERESTED IN OUR CERTIFICATION PROGRAM?

Yes, I'd like to receive an application and certification information.

For more information about our certification program, please email: certification@sffma.org

VFIS AND NVFC EXTENDED POLICIES

Optional Extended Benefits are available at a small additional cost to SFFMA dues paying members. National Volunteer Fire Council (NVFC) offers membership to their organization, and increased AD&D and LODD policies of \$10,000 and \$20,000 for \$15 a year. VFIS offers a similar benefit that grants \$10,000 in case of AD&D, \$20,000 in case of LODD and a \$5,000 Severe Burn Benefit for \$10 a year. These policies are optional and offer broader coverage in case of accidental injury or fatality. For policy details and stipulations, please contact the SFFMA membership department.

Annual Dues

Dept Dues: \_\_\_\_\_ (see chart above)
Individual Dues: \_\_\_\_\_ (X \$30)
VFIS Ext. Policy: \_\_\_\_\_ (X \$10)
NVFC Ext. Policy: \_\_\_\_\_ (X \$15)
TOTAL: \_\_\_\_\_

PLEASE SEE NEXT PAGE FOR INDIVIDUAL MEMBER ROSTER INFORMATION

METHOD OF PAYMENT

CHECK #: \_\_\_\_\_
 PO

PREPAID CREDIT Must be notified by SFFMA or posted on "Department Notes" using your department's SFFMA ID#

Credit Card Payment:  MC  VISA  AMEX  DISC

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

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(mm/yy)