



STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

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OFFICE USE ONLY

ORGANIZATION / SUSTAINING / FIRE MARSHAL'S OFFICES MEMBERSHIP APPLICATION

SFFMA ID#: _____ (if applicable)

Organization / Company Name: _____

Mailing Address: _____ (City/State/Zip Code)

Contact Person: _____ Mobile #: _____

Email: _____ Phone #: _____

Fax #: _____

MEMBERSHIP DUES

FIRE MARSHAL'S Offices \$95

ORGANIZATION Membership \$120

SUSTAINING Membership \$170

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: _____ (mm/yy) Signature: _____ Date: _____

Title: _____

Type of Business: _____

Products / Services / Description: _____

SUSTAINING

IN ORDER TO EXHIBIT AT THE ANNUAL SFFMA TRAINING CONFERENCE, YOUR COMPANY **MUST BE** A SUSTAINING MEMBER.

PLEASE RETURN WITH APPROPRIATE PAYMENT.