



# Nevada State Firefighters Association, Inc.

## Membership Application Form



NSFA Membership runs from July 1<sup>st</sup> of each year to June 30<sup>th</sup> of the following year. Please return a copy of this application with your remittance. This application form will serve as an invoice for those departments and/or agencies requiring one to process payment. Additionally, under current publishing arrangements, we are now able to mail individual editions of the NSFA Pumper and Newsletter to our all Regular, Associate and Life Members, provided we have your address.

### MEMBERSHIP DEFINITION

**ACTIVE MEMBERS**

Active Members are members of career, combination, and volunteer fire departments and members of the State Fire Marshal's division whom are of good moral character and American citizens. Membership Dues are \$15.00 per year.

**ASSOCIATE MEMBERS**

Associate Members shall be fire commissioners, city, county and state officials; individuals representing firms and corporations interested in the protection of life and property against fires; those supplying equipment and accessories; and other persons whose business brings them into personal contact with fire departments. Membership Dues are \$20.00 per year.

**LIFE MEMBERS**

Life Members shall be those persons who have been a member of this Association for ten or more years and have retired from active fire service. Active life members shall pay no dues but shall have all the rights of membership. Membership Dues are No Charge.

**Please include a Regular, Associate and/or Life Membership roster with home addresses or print each member's name, home address and type of membership on the backside of this application form. If filing this membership application for yourself, please use this side of the form.**

### MEMBERSHIP INFORMATION

Name		Type of Membership <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> LIFE	
DEPARTMENT/AGENCY NAME		STATION #	YEARS OF SERVICE
MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER(S) HOME: ( ) - - WORK: ( ) - - FAX: ( ) - -		E-MAIL	
CONTACT REPRESENTATIVE	PHONE NUMBER(S) HOME: ( ) - - WORK: ( ) - - FAX: ( ) - -		

### NUMBER AND TYPE OF MEMBERSHIPS

NUMBER	TYPE OF MEMBERSHIP	AMOUNT DUE
	REGULAR MEMBERSHIP(S) @ \$15.00 PER MEMBER	\$
	ASSOCIATE MEMBERSHIP(S) @ \$20.00 PER MEMBER	\$
	LIFE MEMBERSHIP(S) @ NO CHARGE	NO CHARGE
<b>TOTAL DUE NEVADA STATE FIREFIGHTERS' ASSOCIATION</b>		<b>\$</b>

CASH       CHECK

PLEASE REMIT MEMBERSHIP DUES TO:

**Nevada State Firefighters' Association, Inc.**  
**PO Box 907**  
**Lovelock, Nevada 89419**

NAME	E-MAIL ADDRESS			<b>TYPE OF MEMBERSHIP</b> <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> LIFE
PO BOX OR STREET ADDRESS	CITY	STATE	ZIP	
NAME	E-MAIL ADDRESS			<b>TYPE OF MEMBERSHIP</b> <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> LIFE
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PLEASE MAKE A COPY OF THIS PAGE IF ADDITIONAL SPACE IS REQUIRED.