



NEVADA STATE FIREFIGHTERS ASSOCIATION, INC.

MEMBERSHIP APPLICATION FORM

NSFA Membership runs from July 1st of each year to June 30th 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 newsletter to all regular, associate, and life members, provided we have your address.

MEMBERSHIP DEFINITIONS

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

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: 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. There is **No Charge** for Membership Dues.

AGENCY INFORMATION

DEPARTMENT/AGENCY NAME		STATION #	
MAILING ADDRESS			
CITY		STATE	ZIP
PHONE	FAX	E-MAIL	
REPRESENTATIVE		REP. PHONE	REP. E-MAIL

SUMMARY OF MEMBERSHIPS

TYPE	QUANTITY	COST	AMOUNT DUE
REGULAR MEMBERSHIP		\$15.00	
ASSOCIATE MEMBERSHIP		\$20.00	
LIFE MEMBERSHIP		NO CHARGE	\$0.00
TOTAL DUE			

PLEASE REMIT CASH OR CHECK PAYMENTS TO:

NEVADA STATE FIREFIGHTERS' ASSOCIATION, INC.
PO Box 907
LOVELOCK, NEVADA 89419

Please complete the member information on second page for each member. If you are registering for multiple agencies, please submit a separate form for each agency with a separate roster.

MEMBER ROSTER

NAME		YEARS OF SERVICE	TYPE OF MEMBERSHIP <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> LIFE
PHONE	E-MAIL		
MAILING ADDRESS			
CITY	STATE	ZIP	

NAME		YEARS OF SERVICE	TYPE OF MEMBERSHIP <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> LIFE
PHONE	E-MAIL		
MAILING ADDRESS			
CITY	STATE	ZIP	

NAME		YEARS OF SERVICE	TYPE OF MEMBERSHIP <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> LIFE
PHONE	E-MAIL		
MAILING ADDRESS			
CITY	STATE	ZIP	

NAME		YEARS OF SERVICE	TYPE OF MEMBERSHIP <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> LIFE
PHONE	E-MAIL		
MAILING ADDRESS			
CITY	STATE	ZIP	

NAME		YEARS OF SERVICE	TYPE OF MEMBERSHIP <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> LIFE
PHONE	E-MAIL		
MAILING ADDRESS			
CITY	STATE	ZIP	

NAME		YEARS OF SERVICE	TYPE OF MEMBERSHIP <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> LIFE
PHONE	E-MAIL		
MAILING ADDRESS			
CITY	STATE	ZIP	

Please remit this page with the agency and summary information on the first page. If you need space for more members, fill out and print multiple of this page.

Roster Page ____ of ____