

# State Firemen's and Fire Marshals' Association of Texas

## Annual Membership Application

DEPARTMENT MEMBERSHIP	INDIVIDUAL MEMBERSHIP																								
FD Name	Name (Please Print)																								
Mailing Address	Mailing Address																								
City, State, ZIP	City, State, ZIP																								
County	County																								
Phone # ( )	Phone # ( )																								
Fax # ( )	Cell # ( )																								
FD E-mail address	E-mail address																								
Fire Chief (Please Print)	Fire Department Affiliation (Requires Fire Chief Signature)																								
_____ Fire Chief's Signature (Required)	_____ Fire Chief's Signature (Required)																								
Department Dues (See table below) \$ _____	Previously held ID #																								
Check #	Individual Dues \$ <u>20</u>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Population Served</th> <th style="width: 50%;">Dues Rate</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>0 - 1,750</td> <td>\$ 75</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1,751 - 5,000</td> <td>\$ 115</td> </tr> <tr> <td><input type="checkbox"/></td> <td>5,001 - 10,000</td> <td>\$ 135</td> </tr> <tr> <td><input type="checkbox"/></td> <td>10,001 - 20,000</td> <td>\$ 155</td> </tr> <tr> <td><input type="checkbox"/></td> <td>20,001 - 30,000</td> <td>\$ 175</td> </tr> <tr> <td><input type="checkbox"/></td> <td>30,001 - 40,000</td> <td>\$ 200</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Over 40,000</td> <td>\$ 225</td> </tr> </tbody> </table>		Population Served	Dues Rate	<input type="checkbox"/>	0 - 1,750	\$ 75	<input type="checkbox"/>	1,751 - 5,000	\$ 115	<input type="checkbox"/>	5,001 - 10,000	\$ 135	<input type="checkbox"/>	10,001 - 20,000	\$ 155	<input type="checkbox"/>	20,001 - 30,000	\$ 175	<input type="checkbox"/>	30,001 - 40,000	\$ 200	<input type="checkbox"/>	Over 40,000	\$ 225	Check #
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	SSN # (Required) _____ Birthdate ____/____/____																								
	<input type="checkbox"/> Male <input type="checkbox"/> Female																								
	<p><b>"Contributions or gifts to State Firemen's and Fire Marshals' Association of Texas are not tax deductible as charitable contributions for Federal Income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code."</b></p>																								
ASSOCIATION / ORGANIZATION	SUSTAINING MEMBERSHIP																								
Organization Name	Business Name																								
Mailing Address	Mailing Address																								
City, State, ZIP	City, State, ZIP																								
County	County																								
Phone # ( )	Phone # ( )																								
Fax # ( )	Fax # ( )																								
E-mail address	E-mail address																								
Contact	Contact																								
Organizational Dues \$ <u>100</u>	Sustaining Dues \$ <u>150</u>																								
Check #	Check #																								



**Make check payable to:**  
 State Firemen's and Fire Marshals' Assoc.  
 4450 Frontier Trail  
 Austin, Texas 78745-1514

Phone: (512) 454-3473  
 Fax: (512) 453-1876  
 E-mail: membership@sffma.org