



Birmingham Professional Firefighters Association

1037 2nd Court West
Birmingham, AL 35204

Membership Application

CHAPTER NAME: Birmingham Professional Firefighters Association

MEMBER NAME: _____ RANK: _____

FIRE DEPARTMENT: _____ DATE HIRED: _____

CURRENT STATION ASSIGNMENT/SHIFT: _____

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CONTACT INFORMATION

HOME ADDRESS: _____

CITY

STATE

ZIP

HOME PHONE: _____ STATION PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

D.O.B: _____ SSN: _____

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For Official Use Only

\$ _____ Membership Dues Date Effective: _____

PRESIDENT

TREASURER

____ Accepted

____ Date

____ Member Card Number

X _____

MEMBER SIGNATURE

By signing this application I agree to adhere to the by-laws of this organization at all times. I agree to uphold the integrity of this organization, and will work to further the ideas of this organization. I furthermore agree to have association dues payroll deducted from my check.



I.A.B.P.F.F.