CRADLE OF LIBERTY ANTIQUE FIRE APPARATUS ASSOCIATION

MEMBERSHIP APPLICATION

DATE_____

PLEASE PRINT

NAME _____**HOME PHONE** (____)_____

CELL PHONE (____)_____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE**_____

E MAIL _____

MEMBERSHIP CLASSIFICATION ***(circle one)***

INDIVIDUAL FAMILY UNIT JUNIOR BUSINESS or CORPORATION EMERGENCY SERVICE ORGANIZATION

RETURN APPLICATION TO FINANCIAL SECRETARY:

Mr. Bob Orner, Sr.
133 Tasker Avenue
Folsom, PA 19033-1324
Phone: 610-476-3460
Email: Rorner-sr@comcast.net

Are you a member of SPAAMFAA?
Yes _____ No _____

Are you a member of other chapters?
If so, please list below:

_____

_____

_____

Dues: ***MAKE CHECKS PAYABLE TO: CLAFAA***

Individual	$15.00
Family Unit	$20.00
Junior	$10.00
Emergency Service Organization	$25.00
Business or Corporation	$100.00

Owned Apparatus (*year/make/type*):

_____ _____

_____ _____

Use reverse side if more space is needed to list apparatus