



STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

PO Box 1709 / Manchaca, TX 78652
ph. 512.454.3473 / f.512.453.1876
membership@sffma.org
www.sffma.org

OFFICE USE ONLY

INDIVIDUAL MEMBERSHIP APPLICATION

PERSONAL PROFILE

SFFMA ID#: (if applicable)
Full Name: Gender: M F
Mailing Address*: (City/State/Zip Code) DOB*:
Email: Phone #: Last 4 of SSN*:

DEPARTMENT AFFILIATION

Members who are affiliated with a Fire Department member of SFFMA. Please ask your chief if your department is a member and get authorization to be on the roster by having your chief sign here.

SFFMA FD ID#:
Fire Department: Fire Chief Signature:

ANNUAL INDIVIDUAL DUES \$) 0

EXTENDED POLICIES

If you are a department affiliated member, and your chief is approving membership, you are eligible for extended AD&D and LODD benefits. These policies are optional and at an additional cost. Email membership@sffma.org for more details on extended policies.

I want extended benefits through

- Volunteer Firemen Insurance Services - \$10
National Volunteer Fire Council - \$18

METHOD OF PAYMENT

CHECK #: PREPAID CREDIT Must be notified by SFFMA or posted on "Department Notes" using your department's SFFMA ID#
PO
Credit Card Payment: MC VISA AMEX DISC
Cardholder Name:
Credit Card #: CVV/3-Digit-Code:
Expiration Date: Signature: Date: (mm/yy)

For a complete list of Member Benefits or extended policies, please visit www.sffma.org/benefits
Request more information to membership@sffma.org

THANK YOU FOR PARTICIPATING WITH SFFMA! WE APPRECIATE YOUR SUPPORT AND INTEREST.