

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						

DEPARTMENT MEMBERSHIP APPLICATION

HAVE YOU FILLED THIS FORM OUT BEFORE? Don't re-apply, just login to SFFMA Online to access your Department Membership Roster and make changes.

To add members to your department's roster, enter the appropriate information on the form below for each individual. Renewals ONLY need SFFMA ID#.

MY	DEPARTMENT	SFFMA ID#					
* Are required in order to process membership INDIVIDUAL SFFMA MEMBER ROSTER Note: Unique email addresses are necessary if individual members want SFFMA Online access.							
۷ :	SFFMA ID#:	(if applicable) Name:					
- I	Home Address:				Last Suffix Gender: M F		
5 _	Email Address*:			(City/State/Zip Code) Last 4 of SSN*:	DOB*:		
			ANNUAL DUES \$50	☐ VFIS Extended Policy \$10			
<u> </u>	SFFMA ID#:	(if applicable)		Middle			
F	Home Address:	(ii applicable)	First	Middle (City/State/Zip Code)	Gender: M F		
E	Email Address*:				DOB*:		
-			ANNUAL DUES \$50	☐ VFIS Extended Policy \$10	☐ NVFC Extended Policy \$18		
	SFFMA ID#:	(if applicable) Name:	First	Middle	Last Suffix		
- F	Home Address:			(City/State/Zip Code)	Gender: _ M _ F		
Ē	Email Address*:			Last 4 of SSN*:	DOB*:		
			ANNUAL DUES \$50	☐ VFIS Extended Policy \$10	☐ NVFC Extended Policy \$18		
<u> </u>	SFFMA ID#:	(if applicable) Name:		Middle			
F	Home Address:	(іт аррисавіе)	First	Middle (City/State/Zip Code)	Gender: _ M F		
E	Email Address*:				DOB*:		
=			ANNUAL DUES \$50	☐ VFIS Extended Policy \$10	,		
M	ETHOD OF	PAYMENT					
I	CHECK #:		☐ PREPA	ID CREDIT Must be notified by SFI Notes" using your depo	FMA or posted on "Department artment's SFFMA ID#		
	Credit Card Payı	ment: MC VISA	AMEX D	ISC			
	Cardholder Nam	e:					
	Credit Card #:			CVV/3-Digit Code:			
	Expiration Date:	Signa	iture:		Date:		
		(

DEPARTMENT APPLICATION CONTINUATION

AVOID FILLING OUT INDIVIDUAL MEMBERS BY GOING ONLINE AT www.sffma.org

To add members to your department's roster, enter the appropriate information on the form below for each individual.

Note: Unique email addresses are necessary if individual members want SFFMA Online access.

* Are required in order to process membership

INDIVIDUAL SFFMA MEMBER ROSTER

Note: Unique email addresses are necessary if individual members want SFFMA Online access.

FIREFIGHTER	Home Address:	ppticable) Name:		Middle (City/State/Zip Code) Last 4 of SSN*: VFIS Extended Policy \$10	Last Suffix Gender: M F DOB*: (MM/DD/YY) NVFC Extended Policy \$18
FIREFIGHTER	Home Address:	pplicable) Name:		(City/State/Zip Code)	Last Suffix Gender: M F DOB*: (MM/DD/YY) NVFC Extended Policy \$18
FIREFIGHTER	Home Address:	pplicable) Name:		Middle (City/State/Zip Code) Last 4 of SSN*: VFIS Extended Policy \$10	
FIREFIGHTER	Home Address:	Name:		(City/State/Zip Code)	Last Suffix Gender: M F DOB*: (MM/DD/YY) NVFC Extended Policy \$18
FIREFIGHTER	SFFMA ID#:	pplicable) Name:		(City/State/Zip Code)	Last Suffix Gender: M □ F DOB*: (MM/DD/YY) NVFC Extended Policy \$18
FIREFIGHTER	SFFMA ID#: Home Address: Email Address*:	pplicable) Name:	First	Middle (City/State/Zip Code) Last 4 of SSN*: VFIS Extended Policy \$10	Last Suffix Gender: ☐ M ☐ F DOB*:(MM/DD/YY) ☐ NVFC Extended Policy \$18