



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# _____

INDIVIDUAL SFFMA MEMBER ROSTER

* Are required in order to process membership

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

FIREFIGHTER

SFFMA ID#: _____ Name: _____
(if applicable) First Middle Last Suffix
Home Address: _____ Gender: ☐ M ☐ F
(City/State/Zip Code)
Email Address*: _____ Last 4 of SSN*: _____ DOB*: _____
(MM/DD/YY)
ANNUAL DUES \$50 ☐ VFIS Extended Policy \$10 ☐ NVFC Extended Policy \$18

FIREFIGHTER

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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)

DEPARTMENT APPLICATION CONTINUATION

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

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