



# STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

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www.sffma.org

OFFICE USE ONLY

## ORGANIZATION / SUSTAINING / FIRE MARSHAL'S OFFICES MEMBERSHIP APPLICATION

SFFMA ID#: \_\_\_\_\_  
(if applicable)

Organization / Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City/State/Zip Code)

Contact Person: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

### MEMBERSHIP DUES

FIRE MARSHAL'S  
Offices \$200

ORGANIZATION  
Membership \$200

SUSTAINING  
Membership \$200

## 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

CVV:

Cardholder Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/yy)

Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Products / Services / Description: \_\_\_\_\_

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IN ORDER TO EXHIBIT AT THE ANNUAL  
SFFMA TRAINING CONFERENCE, YOUR  
COMPANY **MUST BE** A SUSTAINING MEMBER.

SUSTAINING

PLEASE RETURN WITH APPROPRIATE PAYMENT.