

NATIONAL VOLUNTEER FIRE COUNCIL

2022 MEMBERSHIP APPLICATION



JOIN NVFC TODAY:

ONLINE: WWW.NVFC.ORG
 EMAIL: MEMBERSHIP@NVFC.ORG
 PHONE: 202-887-5700

MAIL: 712 H STREET, NE,
 SUITE 1478
 WASHINGTON, DC 20002

Thank you for your membership with the NVFC. Supporters like you enable the NVFC to continue to provide a voice for the volunteer fire, emergency, and rescue services. Please fill out the following application form and send with payment.

| | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Check here for renewal |
|--------------------------|-------------------------------|

| | | |
|-----------------|--|---------------------------|
| QUANTITY | INDIVIDUAL MEMBERSHIP <i>If more than one person please attach roster.</i> | \$21 per person |
|-----------------|--|---------------------------|

OPTIONAL ITEMS

| | |
|---|--------------------------|
| EMS/RESCUE SECTION <i>Complimentary (with purchase of an Individual membership)</i> | <input type="checkbox"/> |
|---|--------------------------|

| | |
|------------------------------------|----|
| GENERAL DONATION | \$ |
| VOLUNTEER FIREFIGHTER SUPPORT FUND | \$ |

| | |
|--|----|
| TOTAL DUE <i>(in U.S. dollars)</i> | \$ |
|--|----|



Join or renew online at
www.nvfc.org/join

MEMBER BENEFITS:



\$10,000 AD&D INSURANCE POLICY



FREE ONLINE TRAINING THROUGH THE NVFC VIRTUAL CLASSROOM



EDUCATIONAL DISCOUNTS TO ONLINE UNIVERSITIES AND FIRE SERVICE TRAINING



DISCOUNTS ON PRODUCTS AND SERVICES

PAYMENT CONTACT INFORMATION

| | |
|---------------|--|
| NAME | DEPARTMENT |
| STREET | CITY/STATE/ZIP |
| TITLE | DATE OF BIRTH |
| EMAIL ADDRESS | PHONE SELECT: <input type="checkbox"/> CELL <input type="checkbox"/> HOME |

**Email address is required for member web site access and e-newsletter. Email addresses will not be shared.*

PAYMENT INFORMATION

Make check or money order payable to the NVFC. Do not staple check to invoice. If using a Purchase Order (PO) please consider this your invoice.

| | | | | | | | | |
|-------------------|--------------------------|------------------|--------------------------|-----------|--------------------------|------------|--------------------------|----------|
| PLEASE CHARGE MY: | <input type="checkbox"/> | AMERICAN EXPRESS | <input type="checkbox"/> | VISA | <input type="checkbox"/> | MASTERCARD | <input type="checkbox"/> | DISCOVER |
| CARD # | | | | EXP DATE | | | CWV NO. | |
| BILLING ADDRESS | | | | | | | | |
| NAME ON CARD | | | | SIGNATURE | | | | |