



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#: _____ (if applicable) Name: _____ First _____ Middle _____ Last _____ Suffix _____
Home Address: _____ Gender: ☐ M ☐ F
Email Address*: _____ (City/State/Zip Code) Last 4 of SSN*: _____ DOB*: _____
(MM/DD/YY)
ANNUAL DUES \$50 ☐ VFIS Extended Policy \$10 ☐ NVFC Extended Policy \$21

FIREFIGHTER

SFFMA ID#: _____ (if applicable) Name: _____ First _____ Middle _____ Last _____ Suffix _____
Home Address: _____ Gender: ☐ M ☐ F
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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: _____

(mm/yy)

Signature: _____

Date: _____

DEPARTMENT APPLICATION CONTINUATION

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

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