



Volunteer Fire Fighters of Arizona

MEMBERSHIP APPLICATION

Department Name: _____

City, Town or District: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ ZIP Code: _____

Fire Chief: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ FAX #: _____

Number of Department Members

Volunteer _____ Part Paid _____ Career _____ Total _____

Number joining AFFA _____ (Please submit roster of those joining)

\$10.00 X _____ = _____ Amount Enclosed

(Number Joining) (Make Checks payable to Volunteer Firefighters of Arizona)

Return completed application to: Volunteer Fire Fighters of Arizona
PO BOX 774
Thatcher, AZ 85552

Roster

(include additional sheets if necessary)

Name: _____ Address: _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____