



CONNECTICUT STATE FIREFIGHTERS ASSOCIATION, INC.

APPLICATION FOR MEMBERSHIP

Date: _____

Company Application: _____

Department Application: _____

Position in Department: _____

Name: _____

Address: _____

City/Town: _____ County: _____ Zip: _____

Signature of Chief of Department: _____

Name of Department Affiliation: _____

A check for \$75.00 must accompany Company Membership Application

A check for \$30.00 must accompany Department Membership Application

CSFA OFFICE USE ONLY

Membership Number: _____

Executive Committee Vote: _____

Recorded to File On: _____