



## CONNECTICUT STATE FIREFIGHTERS ASSOCIATION, INC.

### **Membership Application:**

Date: \_\_\_\_\_

Administrative Staff Membership: \_\_\_ Chief \_\_\_ Deputy Chief \_\_\_ Asst. Chief \_\_\_ Batt. Chief  
\_\_\_ District Chief \_\_\_ Fire Marshal \_\_\_ Deputy Fire Marshal \_\_\_ Fire Insp. \_\_\_ Training Division  
\_\_\_ Fire Prevention Division \_\_\_ Fire Alarm Division \_\_\_ Other

Company Membership: \_\_\_ Fire Department \_\_\_ Engine \_\_\_ Ladder/Tower \_\_\_ Rescue \_\_\_ Other

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

Department you are Associated with: \_\_\_\_\_

Billing / Department Address: \_\_\_\_\_

Chief of Department Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Approved by Executive Committee on: \_\_\_\_\_

\*\*\*\*Company Membership Dues: - \$80.00

\*\*\*\*Administrative Staff Membership Dues: - \$35.00

### **MAIL APPLICATION TO:**

Connecticut State Firefighters' Association  
P.O. Box 9  
Mansfield Center, Connecticut 06250