

FEATURE YOUR DEPARTMENT!

Fill out this form and submit it with a department photo and we will feature your department in an upcoming FFAM magazine.

Submitter's Name _____ Submitter's Phone # _____

Department Name _____

Department address _____

Volunteer _____ # Paid _____ Total Number of Members _____

Is your department Fire & EMS combined? _____

Average # calls per year _____ Average # fires per year _____

Average # rescue/extrication calls per year _____ Average # medical calls per year (if applicable) _____

Year Department Established _____ Chief _____

Engines _____ # Tankers _____ # Rescue _____ # Ambulances _____

Other apparatus _____

Email this form along with a group photo, including names, or other department photo to

ffammagazine@gmail.com

Online form can be found at www.ffam.org/news/newsletter