Fire Fighters Association of Missouri

PO Box 1153 • Warrensburg, MO 64093 • (660)429-1327 • ffam.jmiller@gmail.com

Membership Application

Membership will be active when the application is received.

DEPARTMENT INFORMATION
FDID:
Department:
Department Address:
Mailing Address (if different from above):
Department Telephone:
Chief:
Chief Email:
Department Email:
Department Type (paid, volunteer, combination, paid-per-call):
Has your department merged with another in the past 12 months? _____ No _____ Yes If yes, what department _____

Payment Method:
_____ Check _____ Invoice _____ Credit Card (link will be emailed)

DEPARTMENT ONLY MEMBERSHIP

This is what you pay when NOT including individual members with the application. Individuals receive NO benefits. See membership guide for details.

Department only dues	$300.00
Total Due	

DEPARTMENT MEMBERSHIP INCLUDING INDIVIDUALS

This is what you pay when including individual members with the application. Individuals receive benefits as stated. See membership guide for details.

Department Dues	$100.00 x 1 department	
Active/Junior Member Dues	$20.00 x # of members $20.00 x _____	
Board/Council/Retired Member Dues	$0.00 x # of members $0.00 x _____	
Additional Insurance, if applicable	$2.00 per $1,000 coverage See membership guide for limits. This also applies to Board/Council/Retired.	
	Total Due	**$**

For individual membership: Indicate membership classification (A=Active; R=Retired; D/C=Director/Councilman; J=Junior/Cadet)

	FIRST NAME	LAST NAME	ADDRESS	CITY	STATE	ZIP CODE	INSURANCE	BENEFICIARY	CLASS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									