



STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

PO Box 1709/ Manchaca, TX 78652
ph. 512.454.3473
membership@sffma.org
www.sffmatx.org

OFFICE USE ONLY

DEPARTMENT MEMBERSHIP APPLICATION

Fire Dept Type: Volunteer Paid Combination

Department Name: _____

Mailing Address: _____

(City/State/Zip Code)

Fire Chief Full Name*: _____ Last 4 of SSN*: _____ DOB*: _____

Fire Chief Email*: _____

Fire Chief Phone Number*: _____

Fire Department Email*: _____

Fire Department Phone No: _____

Signature: _____

Annual Dues

Dept Dues:

(X \$200) _____

INTERESTED IN OUR CERTIFICATION PROGRAM?

For more information about our certification program, please email: certification@sffma.org

METHOD OF PAYMENT

CHECK #: _____
 PO

Credit Card Payment: MC VISA AMEX DISC

Cardholder Name: _____

Credit Card #: _____

CVV/3-Digit Code: _____

Expiration Date: _____ Signature: _____ Date: _____

(mm/yy)