



Membership Dues Request Form – SFFMA SAFER Grant Program

To request assistance for State Firefighters' and Fire Marshals' Association membership dues as part of the current SFFMA SAFER Grant program, complete this form, enclose the necessary documentation to verify qualification, and submit the completed packet to:

membership@sffma.org or mail to PO Box 1709, Manchaca, TX 78652

Guidelines for Qualification:

- Must be a volunteer fire department.
- Assistance is limited to a maximum of \$2,000 per department in any year.
- Assistance may be for SFFMA department dues and individual members' dues only. Any additional costs for optional VFIS insurance or NVFC membership is the responsibility of the department.

Submit in the Packet:

- This form, completed and signed by the chief of the department.
- A copy of the SFFMA membership dues invoice, or receipt if already paid.
- Verification of previous year's total annual revenue for the department.

To Be Completed by the Fire Chief:

FIRE DEPARTMENT: _____

Reason for Request

By signing below, I confirm that all information provided is true and accurate.

Fire Chief Name: _____

Fire Chief Signature: _____

Fire Chief Phone: _____

Fire Chief Email: _____