

WEST VIRGINIA STATE FIREMEN'S ASSOCIATION
DEPARTMENT MEMBERSHIP APPLICATION

www.wvsfa.org

We, _____, desire to become a member of the West Virginia State Firemen's Association, Inc. and herewith remit the annual dues (\$100) for one year, as provided in the Constitution and By-Laws of the Association. Please send this form and dues to:

West Virginia State Firemen's Association
Sandy Slusher McDonald, Financial Secretary
317 N. Lawrence Street
Charles Town, WV 25414
sandymcdonald@frontiernet.net

DEPARTMENT INFORMATION

Department Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

Fax Number: _____

Chief: _____

President: _____

Secretary: _____

Treasurer: _____

Number of Active Members: _____

Given under my hand this _____ Day of _____, _____.

Signature/Title _____