

Washington County Firemens' Association, Inc

APPLICATION FOR COMPANY/DEPARTMENT or ASSOCIATE MEMBERSHIP

Type of Membership: *(Check One)*

- Company/Department (Section IV, 2)** All Company/Department applicants for Membership shall be fire services organized for the purpose of fighting fires, commonly known as fire Companies/Departments.
- Associate (Section IV, 3C)** - Associate members are organizations that provide support to the fire service but do not actually participate in fire suppression including but not limited to; EMS, Public Safety, and Educational Facilities. They shall have all the privileges and rights as company/department members.

Company/Department/Associate Membership

Organization Name: _____ Station: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email: _____ Website: _____
Contact Person: _____ Title: _____
Phone Number: _____ Email: _____

Annual Dues for Company/Department or Associate Membership is \$25.00 per year. The initial dues payment must accompany this application when applying for membership.

We hereby make application for membership to the Washington County Firemen's Association Inc. under its laws as were adopted at a meeting in California, PA on September 27, 1940 and last amended May 2005. We understand that according to Association By-Laws all new members shall become beneficial 60 days from date of acceptance.

Authorized Signature: _____ Title: _____ Date _____

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OFFICIAL USE ONLY

Date Application Received _____	_____
Meeting Presented: _____	President, Washington County Firemens' Association, Inc.
Date Accepted: _____	_____
Dues Paid for Year: _____	Secretary, Washington County Firemens' Association, Inc.