



MEMBERSHIP FORM

Yearly Membership dues are on a calendar year. Payment today will cover current membership year. Membership will become delinquent if compensation is not received by March 15th of following paid year. **Credit Cards:** Fill out attached form. Make **checks** payable to:

NORTHERN CALIFORNIA FIRE MECHANICS ASSOCIATION (NCFMA)

Tax I.D. No. 20-1820695

Mail To: NCFMA
5 Meadow Lane
Redwood City, CA. 94063

Email: steve@ncfma.org

DATE _____

EMPLOYER _____

NAME _____

RANK/POSITION _____

MAILING ADDRESS _____

TELEPHONE: HOME (____) _____

WORK (____) _____

MOBILE (____) _____

E-MAIL _____

Membership Options: (Please check the two that apply) Renewal: _____ New Member: _____

Individual (\$50.00): _____ Department (\$200.00 For 5 or more members): _____ **

**Please list Names and email addresses of all Dept. Members on separate page and include.

Associate Member & Vendor (\$100.00): _____

SEE REVERSE SIDE FOR CREDIT CARD PAYMENT