



SOUTHERN CALIFORNIA FIRE MECHANICS ASSOCIATION

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 the attached form. Make **checks** payable to:

SOUTHERN CALIFORNIA FIRE MECHANICS ASSOCIATION

Tax I.D. No. 33-0764970

Mail To: SCFMA
P.O. BOX 8463
ANAHEIM, CA. 92812

Email: mgrenert@whelen.com

DATE _____

EMPLOYER _____

NAME _____

RANK/POSITION _____

MAILING ADDRESS _____

TELEPHONE: HOME (____) _____

WORK (____) _____

MOBILE (____) _____

E-MAIL _____

Membership Options: (Check all that apply) Renewal:____ New Member:____

Individual (\$50.00):____ Department (\$200.00 Up to 10 members):____ **

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

Associate Member & Company (\$100.00):_____

SEE REVERSE SIDE FOR CREDIT CARD PAYMENT



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND
RETURN TO: SCFMA P.O. BOX 8463, Anaheim, CA 92812

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Account Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (3 digit number on back of Visa/MC, 4
digits on front of AMEX): _____

Amount to Charge: \$ _____ (USD)

I authorize **Southern California Fire Mechanics Association** to charge
the agreed amount listed above to my credit card provided herein. I
agree that I will pay for this purchase in accordance with the issuing
bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Signed and return this form with Application Form