



APPLICATION FOR MEMBERSHIP

Mississippi Firefighters Association
P.O. Box 1507
Brandon, MS 39043-1507



Please print. Applications must be filled out completely to be processed.

Name: _____

Name of Department or Organization: _____

District: _____

Home Mailing Address: _____

City, State, Zip: _____

County: _____

Email Address: _____

Home Phone number: _____

Date of Birth: _____

Gender: M/F (Circle one)

Career/Volunteer (Circle one)

Beneficiary: _____

Signature: _____ Date: _____

Print this application and send to the above address with \$20.00 per application. Membership year is January through December. Any member joining during the year receives the remainder of that calendar year. New members will receive an Association Card, a windshield sticker for their car, and any correspondence or literature the Association may be releasing at that time. If you have any questions regarding this application, please contact our Secretary/Treasurer Jennifer Williams, 662-542-0047 or jwilliams522@gmail.com.

Revised: 10-23-18