



## 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: \_\_\_\_\_

Best contact number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: M/F (Circle one)

Career/Volunteer (Circle one)

Beneficiary: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\* All information is for insurance purposes. To qualify for insurance benefits, your application MUST be complete. \*\*\*\***

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.

MS Fire Fighter's Association only shares required information with our insurance company. If you have any questions regarding this application, please contact our Secretary/Treasurer Jennifer Williams, 662-542-0047 or [jwilliams522@gmail.com](mailto:jwilliams522@gmail.com).

Revised: 11-15-18