



The Suffolk County Volunteer Firefighter's Association Inc.

Application for Membership

___ UNIT - \$30.00 per year – (Department, Company, Organization)

Unit Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Delegate/Phone Number: _____

___ INDIVIDUAL - \$15.00 per year

Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Telephone: _____

Department/Offices Held (if any): _____

*We do not share any personal information. It helps to keep costs low by contacting members through telephone/email for important updates.

Make checks payable to:

The Suffolk County Volunteer Firefighter's Association

Mail to:

Suffolk County Volunteer Firefighter's Association

Financial Secretary

PO Box 1463

Ronkomkoma, NY 11779