



Kansas State Association of Fire Chiefs

Membership Application (New or Renewing All Membership Types)

PLEASE PRINT LEGIBLY

Membership Information					
Please complete the information below and return this form with your dues. Keep a copy for your records.					
Name (First, MI, Last)			Spouse's Name		Date
Position or Title		Year Joined Association		Are you new to the position? <input type="checkbox"/> Yes <input type="checkbox"/> No Who did you replace?	
Department	Dept/Dist No	Stn No	Work Phone		Fax Number
Department Mailing Address			E-Mail Address		
City	County	State	Zip Code	SPONSORED BY	

Payment
<p>Payment is expected with the completed membership application.</p> <p><i>Make checks payable to:</i> Kansas State Association of Fire Chiefs</p> <p><i>Return this completed form and your payment to:</i> Kansas State Association of Fire Chiefs c/o Chief Bill Walker, Treasurer 113 North 5th Street Burlington, KS 66839 ksafc1@gmail.com</p> <p><i>If you have questions, please contact:</i> Chief Bill Walker, Treasurer 620.364.2305 ksafc1@gmail.com</p>

Membership Year	Dues	
Active Membership Any administrative officer above the rank of Captain	\$20.00	<input type="checkbox"/>
Associate Membership Any person ineligible for Active membership but wishes to remain a member	\$20.00	<input type="checkbox"/>
Sustaining (Business) Membership Any business concern that is interested in the Organization.	\$25.00	<input type="checkbox"/>
Total Due		

Office Use					
Date Received	Amount Received	Check Number	<input type="checkbox"/> Entered DB Member ID #	<input type="checkbox"/> Pymt Logged	Member Card Mailed