



Southern Connecticut Antique Fire Apparatus Collectors

APPLICATION for MEMBERSHIP

Please complete information below and attach check payable to “SCAFAC”

mail to: **SCAFAC**
% Membership Secretary
P.O.Box 872,
Derby, Ct. 06418

(Print) Name: _____

Affiliation: _____
(Fire Dept. or Organization, Group etc.)

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone #: ____ / ____ / ____ Cell # : ____ / ____ / ____

Email: _____

Type of Membership:

____ Individual / Family (\$ 40.00 per year) see page two for amount due.

____ Affiliate (Fire Dept. / Company, Organization or Group \$ 30.00 per year)

____ Honorary (must be approved by 2/3 vote of active members at meeting)

Do you own Antique Fire Apparatus ? YES _____ NO _____

If Yes please list year, make, model and other details on back of sheet.

Are you a National member of SPAAMFAA ? YES _____ NO _____

Are you interested in judging Fire Apparatus at shows & Events ? YES _____ NO _____

Are you willing to participate in club fundraising activities ? YES _____ NO _____

Signature _____ Date _____

New member dues shall be pro-rated depending on which quarter of the year they are submitted.

Example:	1st quarter 100%	2nd quarter 75%	3rd quarter 50%	4th quarter 100%
	Jan	April	July	Oct
	Feb	May	Aug	Nov
	Mar	June	Sept	Dec

Note: If membership applied in last quarter it would count for following calendar year also.