Antique Fire Apparatus Organization of WNY

WNY Chapter of SPAAMFAA

20___ Membership Application/ Renewal Form

Name: _____

ADDRESS: _____

CITY: _____

STATE/ COUNTY: _____ ZIP: _____

HOME #: _____ CELL#: _____

EMAIL: _____

NEW MEMBER ☐

RENEWAL ☐

MEMBERSHGIP ($15 /YEAR ALL Types (Except Charter)

INDIVIDUAL ☐

FAMILY ☐

ORGANIZATION ☐

Charter Member $50 (first Year) ☐

Please indicate your AFAO Newsletter delivery preference

US MAIL OR EMAIL (Please circle one)

Do you own any pieces of apparatus? If so, please fill out the information below!

YEAR	BUILDER	CHASSIS	TYPE (pumper, ladder, squad car, etc.)

Please list other areas of the fire service interest_____

_____

Currently The AFAO meets on the 3rd Saturday of January, March, May, July, September, and November.

Signature: _____ Date: _____ $$ Enclosed: _____

Please return this completed form with your dues, using the enclosed self-addressed envelope (if applicable) to Dave Henry, President AFAO WNYSPAAMFAA 701 Harrison Ave. Buffalo, NY. 14223