

Antique Fire Apparatus Organization of WNY, LLC

WNY Chapter of SPAAMFAA

20__ Membership Application/ Renewal Form

Name: _____

ADDRESS: _____

CITY: _____

STATE/ COUNTY: _____ ZIP: _____

HOME #: _____ CELL#: _____

EMAIL: _____

NEW MEMBER	<input type="checkbox"/>
RENEWAL	<input type="checkbox"/>
MEMBERSHIP (\$15 /YEAR (Except Organization)	
INDIVIDUAL	<input type="checkbox"/>
FAMILY	<input type="checkbox"/>
ORGANIZATION (\$25)	<input type="checkbox"/>
<u>Sponsorship ()yearly (TBD)</u>	<input type="checkbox"/>

AFAO of WNY Newsletter and Notifications sent by Email Only!!

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 4th. 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 WNYSAPAAMFAA 701 Harrison Ave. Buffalo, NY. 14223-1801

Make Checks payable to: **AFAO**