

# SCAFAC

## Application for Membership

Mail membership application to:  
Southern Connecticut Antique Fire Apparatus Collectors (SCAFAC)  
Membership Secretary  
P.O.Box 872 Derby, CT 06418

Please complete information below, **Print & Mail** this form with **Check** made payable to : **SCAFAC**

Name \_\_\_\_\_

Affiliation \_\_\_\_\_  
(Fire Department/Company, any other Organization or Group)

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Type of Membership (**dues**)

\_\_\_\_\_ Individual / Family (**\$30 per year**)

\_\_\_\_\_ Affiliate [Department, Company, Organization, Group] (**\$30 per year**)  
[allowed 1 vote at meetings]

\_\_\_\_\_ Honorary [must be approved by 2/3 vote of active members at a meeting] (**no dues**)

Do you own fire apparatus? : Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list Year, Make, Model and other details on the back of this sheet

Are you a National member of **SPAAMFAA** ? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in Judging Fire apparatus at shows or other events? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to participate in Club fundraising and other Club activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_