

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 (**\$40 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 _____