

~ YOUR PARTICIPATION IS WELCOME ~
SOCIETY MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Thank you for your support of the museum and its efforts to preserve firefighting history.
Make checks payable to The Buffalo Fire Historical Society
Send completed application and dues to 1850 William St., Buffalo, NY 14206
or Email information to bfhsmuseum@verizon.net

MEMBERSHIP OPTIONS

Yearly Membership \$25

Donation \$ _____

TOTAL \$ _____