



Membership Invoice

AFSS North

July 1, 2019 to June 30, 2020

Annual Membership Dues Invoice

Name (For Membership Directory)		Name / Nickname (For Name Badge)	DOB (optional) MM/DD
Title	Date of Hire (MM/YY)	Home e-mail (optional)	
Fire Department/Organization Name		Home Address (optional)	
Work phone Office: Cell:		Home City / State & Zip (optional)	
Work Address		Phone number (optional) Home: Cell:	
Work City / State & Zip		Preferred Mailing Address (please check one) <input type="checkbox"/> Work <input type="checkbox"/> Home	
Work e-mail		What Division do you work for? (check all that apply) <input type="checkbox"/> Administration <input type="checkbox"/> Finance <input type="checkbox"/> Prevention <input type="checkbox"/> Training <input type="checkbox"/> Other (please list Division name)	
MEMBERSHIP CATEGORIES (please select one)			
<input type="checkbox"/> New Member \$65 <input type="checkbox"/> Renewal \$50 <input type="checkbox"/> Associate \$35 - Name of Qualifying Member in Same Agency			
<input type="checkbox"/> Life \$0 <input type="checkbox"/> Honorary \$0			
<input type="checkbox"/> Sustaining \$75 (non-Fire agencies)			

Payment Method: (delinquent after September 1, 2019)

A member in arrears shall not be eligible to vote.

Registration for the September quarterly training shall be at the non-member rate.

Check

Payable to: AFSS North

Mail payment and completed membership form to:

Clara Turner, AFSS Treasurer, c/o Central Fire Protection District, 930 17th Avenue, Santa Cruz, CA 95062

PayPal - (Available July 1, 2019) -- Convenience fee applies. Application also needs to be submitted.

New Member: \$65

Renewal: \$50

Associate: \$35

Sustaining: \$75

Questions? Please contact Valerie Erwin (Valerie.Erwin@calchiefs.org)

Print a copy of this completed form to submit with check.

Submit completed application

AFSS Office Use Only

Date Paid: _____ Method PP/Check#: _____ Amount: _____ Forwarded for Constant Contact: _____