



APPLICATION FOR MEMBERSHIP

Mississippi Firefighters Association
P.O. Box 1507
Brandon, MS 39043-1507



Please print. Applications must be filled out completely to be processed.

Name: _____

Name of Department or Organization: _____

District: _____

Home Mailing Address: _____

City, State, Zip: _____

County: _____

Email Address: _____

Best contact number: _____

Date of Birth: _____

Gender: M/F (Circle one)

Career/Volunteer (Circle one)

Beneficiary: _____

Signature: _____ Date: _____

****** All information is for insurance purposes. To qualify for insurance benefits, your application MUST be complete. ******

Print this application and send to the above address with \$20.00 per application. Membership year is January through December. Any member joining during the year receives the remainder of that calendar year. New members will receive an Association Card, a windshield sticker for their car, and any correspondence or literature the Association may be releasing at that time.

MS Fire Fighter's Association only shares required information with our insurance company. If you have any questions regarding this application, please contact our Secretary/Treasurer Jennifer Williams, 662-542-0047 or jwilliams522@gmail.com.

Revised: 11-15-18