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New England Fire Apparatus Maintenance Association

PO Box 1998, N. Falmouth, MA 02556-1998
(508) 495-0277 FAX (508) 495-0177
Email: TreasurerNEFAMA@comcast.net

CORPORATE MEMBERSHIP APPLICATION

Company Name: _____

Address: _____
Number and Street City, State, and Zip Code

Business Phone: _____ **Fax Phone:** _____

Standard Corporate Membership entitles from one to a total of four individuals to become members at a cost of \$150.00 for annual dues. Additional individuals belonging to the corporation, may also become members at an added cost of \$35.00 each, annually. Additional membership information can be filled out on the back of this application.

Member Information For The First Three Individuals:

Name: _____ **Title:** _____
This will be the person responsible for the dues

Mailing Address: _____
Number and Street City, State, and Zip Code

Work Phone: _____ **Home Phone:** _____

Name: _____ **Title:** _____

Mailing Address: _____
Number and Street City, State, and Zip Code

Work Phone: _____ **Home Phone:** _____

Name: _____ **Title:** _____

Mailing Address: _____
Number and Street City, State, and Zip Code

Work Phone: _____ **Home Phone:** _____

Name: _____ Title: _____

Mailing Address: _____
Number and Street City, State, and Zip Code

Work Phone: _____ Home Phone: _____

List below the additional personal that will be added to the corporate membership for an annual fee of \$35.00 for each individual.

Name: _____ Title: _____

Mailing Address: _____
Number and Street City, State, and Zip Code

Work Phone: _____ Home Phone: _____

Name: _____ Title: _____

Mailing Address: _____
Number and Street City, State, and Zip Code

Work Phone: _____ Home Phone: _____

Application must be submitted with a check for the total amount for the current years annual dues, payable to "NEFAMA", and mailed to the address above.

Approved by,
Membership Committee:

Date: _____

Check No: _____

Pkg. Sent: _____