



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

Est. 1956

MEMBERSHIP APPLICATION

Name: _____ Title: _____

Fire Department: _____

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

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

Work Phone: _____ Home Phone: _____

Send all correspondence to my (check one) Home Work

Sponsoring Member: _____

Verification of fire apparatus maintenance must be signed by the Department Head.

Department Head Date

Application must be submitted with a \$75.00 check for the current year's annual dues. Please make the check payable to "NEFAMA", and mail to the above address.

Approved by,
Membership Committee:

Date: _____

Check No. _____

Pkg. Sent: _____

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