

# KENTUCKY FIREFIGHTERS ASSOCIATION

## Department Membership Application

### INVOICE



Annual DUES Request for the Period of

**Jan. 1, 2025 - Dec. 31, 2025**

*Please print all information clearly to insure accuracy*

FIRE DEPARTMENT-AGENCY: \_\_\_\_\_

County of Location: \_\_\_\_\_ Department Chief: \_\_\_\_\_

Fire Dept. State I D #: \_\_\_\_\_ (3-digit# assigned by the Fire Commission used for NFIRS or Training Records)

Mailing Address: \_\_\_\_\_ # of active personnel: \_\_\_\_\_  
*Good mailing address where mail can be delivered by post office*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Station Phone #: \_\_\_\_\_ Chief Phone #: \_\_\_\_\_

E-Mail address for Chief: \_\_\_\_\_

How would you prefer your newsletter be delivered?  Print by mail  Digital by email

**Annual Department/Agency Membership (include payment of \$100.00)**

**MAKE CHECK PAYABLE TO: Kentucky Firefighters Association**

Mail Form and Payment to: K.F.A. TREASURER BONITA BOBO  
P.O. BOX 956  
SHELBYVILLE, KY 40066

Questions concerning this membership dues request may be directed to: **(502) 321-0446**

***If your department has already submitted your 2025 dues, please disregard this notice.***

Thank you for your support and for taking the time to submit this document with your dues payment.

*Kyle Carpenter, President*

**CREDIT CARD PAYMENT OPTION (VISA, MASTER CARD, DISCOVER, AMERICAN EXPRESS ONLY)**

CARD TYPE: \_\_\_\_\_ VISA \_\_\_\_\_ M/C \_\_\_\_\_ DISC \_\_\_\_\_ Am EX Zip Code associated with card: \_\_\_\_\_

CARD #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP: \_\_\_\_\_ / \_\_\_\_\_ CVV CODE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ AUTH SIGNATURE: \_\_\_\_\_

*\*Note: A 4.5% card convenience fee will be added for card transactions per membership*

**FY2025**