



# Kentucky Firefighters Association

## Personal Membership Application



*Membership period runs October 1-September 30*

*Please Print Clearly*

**2024**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Affiliation:** ( ) Firefighter ( ) Other Public Safety ( ) Gov Official  
( ) Retired Firefighter ( ) Citizen Supporter ( ) Other \_\_\_\_\_

**1 Year Membership fee: \$25.00**

**Make checks payable to KFA**

### ***SEND APPLICATION AND PAYMENT TO:***

KFA TREASURER BONITA BOBO  
**P.O. BOX 956**  
**SHELBYVILLE, KY 40066**

The KFA sincerely appreciates your continued support of our organization on a personal level. Your choice to support our organization shows your support of the fire service and its professionalism and dedication to the citizens of our commonwealth.

#### ***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 \$1.00 card convenience fee will be added for card transactions per membership*