



Kentucky Firefighters Association

Personal Membership Application



Membership period runs January 1 - December 31

Please **Print** Clearly

2025

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 4.5% card convenience fee will be added for card transactions per membership*