

KENTUCKY FIREFIGHTERS ASSOCIATION

Department Membership Application

INVOICE



Annual DUES Request for the Period of

Oct. 1, 2023 - Sept. 30, 2024

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 \$85.00)

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 2024 dues, please disregard this notice.

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

Marc Henderson, 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 \$3.00 card convenience fee will be added for card transactions per membership*

FY2024