

# APPLICATION for MEMBERSHIP

Mail Membership Application to

SOUTHERN CONNECTICUT ANTIQUE FIRE

APPARATUS COLLECTORS (SCAFAC)

Membership Secretary

PO Box 872, Derby, CT 06418

Please complete information below, then print this form & make Checks payable to: **SCAFAC**

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

AFFILIATION \_\_\_\_\_

( Fire Department, or Organization, Group etc. )

ADDRESS \_\_\_\_\_

City / Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No \_\_\_\_\_

Cell phone No \_\_\_\_\_

E-Mail \_\_\_\_\_

TYPE of MEMBERSHIP

\_\_\_\_\_ Individual / Family – ( \$ 30.00 )

\_\_\_\_\_ Affiliate – ( \$30.00 ) Fire Dept. / Company, Organization or Group

\_\_\_\_\_ Honorary – ( must be approved by 2/3 vote of active members at a meeting )

Do you own Antique Fire Apparatus ? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list Year, Make, Model and other Details on back of this sheet

Are you a National member of SPAAMFAA ? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in Judging Fire Apparatus at Shows & Events ? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to participate in Club Fundraising Activities ? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_