



Fire Fighters Association of Missouri

MEMBERSHIP APPLICATION FORM

Renewal Date: _____
Department #: _____

Is Your Department:
Paid: _____
Volunteer: _____
Combination: _____
Regular meeting Time: _____

For Office Use Only	
# Personnel _____ X \$7.50 = _____	
Insurance Amounts	
\$ 1,000 X # requesting = _____	
\$ 2,000 X # requesting = _____	
\$ 5,000 X # requesting = _____	
\$10,000 X # requesting = _____	
\$25,000 X # requesting = _____	
\$50,000 X # requesting = _____	
Department dues = \$25.00	
Total dues needed \$ _____	

Department: _____ Address: _____ City: _____ State: _____ Zip: _____
Chief's Name: _____ Wk Ph/Fax_(____)-____-(____)-____-____ Home: (____)-____-____
E-mail : _____ Department web site: _____

Department dues are \$25.00 plus \$7.50 per name listed. If you are joining as an individual and your department is not a member your dues are \$12.50. Please provide complete, correct address information for members of your department. Membership is not transferable from one member to another. There is available to members of the Fire Fighters Association of Missouri a low cost Accidental Death & Dismemberment Insurance at a cost of \$1.00 per \$1,000.00 of coverage. It pays on any accidental death or loss of a limb with few exemptions. You must be a member of the FFAM to qualify for this coverage, because the low rate is based on our numbers. This insurance likewise is not transferable. You may list your retired members that have been members of the FFAM for at least 10 years and are age 55 or older at no cost. \$1.00 of dues toward costs of circulating the FFAM newsletter. Please check the box next to each line for new members and those with a change in address. Place an (R) in the box for retired members,

	Name	Address	Beneficiary for Benevolence Fund	Amount Insured
<input type="checkbox"/>	1.	_____	_____	_____
<input type="checkbox"/>	2.	_____	_____	_____
<input type="checkbox"/>	3.	_____	_____	_____
<input type="checkbox"/>	4.	_____	_____	_____
<input type="checkbox"/>	5.	_____	_____	_____
<input type="checkbox"/>	6.	_____	_____	_____
<input type="checkbox"/>	7.	_____	_____	_____
<input type="checkbox"/>	8.	_____	_____	_____
<input type="checkbox"/>	9.	_____	_____	_____
<input type="checkbox"/>	10.	_____	_____	_____
<input type="checkbox"/>	11.	_____	_____	_____
<input type="checkbox"/>	12.	_____	_____	_____
<input type="checkbox"/>	13.	_____	_____	_____
<input type="checkbox"/>	14.	_____	_____	_____
<input type="checkbox"/>	15.	_____	_____	_____

Return completed form to: Dale Arnold, Sec./Treas. P.O. Box 200 Grain Valley, MO 64029 If any questions call/fax: toll-free (877) 847-FFAM (3326) <http://www.ffam.org> - E-mail: ffamo@sbcglobal.net