



Fire Fighters Association of Missouri

Associate Membership Form

Associate membership dues: \$15.000 annually

- Associate membership requires the individual to show proof of active membership in good standing with any FDID registered fire department or EMS service in the State of Missouri and pays dues as required.
- Members shall have all benefits of an active member except voting and holding an elected office. They may hold an appointed position as directed by the FFAM President or Board of Directors.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Department name: _____

*Need to include proof of active membership with department (current ID card, paystub, letter, etc.)

Return membership application, proof of membership and payment to:

FFAM
PO Box 1153
Warrensburg, MO 64093

OR

Email your membership application to ffam.jmiller@gmail.com and call (660)429-1327 with your credit card information.