

Date: _____ FDID# _____ (if applicable)

FIRE DEPARTMENT EMS SERVICE 9-1-1 DISPATCH PSAP

Department name: _____

Fire/EMS Chief/911 Director: _____ Email: _____

Department Address: _____

City/State/Zip: _____

Phone: _____ Website: _____

Has your department merged with another in the last year? Yes No If yes, what dept _____

Joining as department only (not including individuals) Yes No Not applicable

SUMMARY:

DEPARTMENT DUES: _____ \$50.00 OR \$150.00 INDIVIDUAL MEMBERS: _____ X \$10.00 = _____

ADDITIONAL AD&D INSURANCE: _____ TOTAL DUE: _____

Return membership application and payment to:

FFAM

PO Box 1153

Warrensburg, MO 64093

OR Email to: ffam.jmiller@gmail.com

****See AD&D flyer for information regarding additional Accidental Death & Dismemberment Insurance***

