

## **MISSOURI ASSOCIATION OF FIRE CHIEFS**

8795 NW Highway N, Kansas City, MO 64153 Phone (816) 741-2900 Email: mafc@spfpd.com

2025 MEMBERSHIP APPLICATION								
□ NEW □ CORRECTION – INV								

	BILLING CONTACT INFORMATION									
DEPT/AGENCY										
MAILING ADDRI	ESS									
		STREET ADDI	RESS	CITY		STATE	ZIP CODE			
OFFICE PHONE	<u> </u>		MOBIL	E		FAX				
CONTACT NAM	E			Т	ITLE					
EMAIL				W	/EBSITE					
Qty										
VOLUNTEER DEPARTMENT \$10.00 Departments that are 100% volunteer, allowance of one voting member at meetings.  RETIRED CHIEF OFFICERS \$25.00 Allowed to be a voting member.										
SUSTAINING / BUSINESS MEMBER \$50.00  Fire commissioners; fire district directors; or policy-making individuals associated with fire departments.  Private entity member with business interests with the fire service.  ACTIVE MEMBER										
DEPARTMENTAL\$300.00										
Fire departments may elect to pay \$300.00 for all chief officers in their department who qualify for ACTIVE or ASSOCIATE MEMBERSHIP. They will be entitled to a maximum of four (4) voting members at association meetings.										
ASSU	CIATE MEI	VIDERSHIP. THEY	will be enti	lied to a maximum	1 01 10ur (4)	voung memb	ers at association me	eeungs.		
1 NAME					TITLE					
ADDRESS					1					
PHONE		STREET ADD	RESS EMAIL	CITY		STATE	ZIP CODE			
O NAME					T.T. E					
2 NAME					TITLE					
ADDRESS										
		STREET ADD		CITY		STATE	ZIP CODE			
PHONE			EMAIL							
3 NAME					TITLE					
					IIILE					
ADDRESS		070557.400	<b>DE00</b>	OIT) (		OTATE	710.0005			
PHONE		STREET ADD	EMAIL	CITY		STATE	ZIP CODE			
PHONE			EWAIL							
4 NAME					TITLE					
ADDRESS										
ADDRESS		STREET ADD	RESS	CITY		STATE	ZIP CODE			
PHONE			EMAIL							
5 NAME					TITLE					
ADDRESS										
,		STREET ADD		CITY		STATE	ZIP CODE			
PHONE			<b>EMAIL</b>							
0 NAME					T.T. =					
6 NAME					TITLE					
ADDRESS										
D. 1015		STREET ADD		CITY		STATE	ZIP CODE			
PHONE			EMAIL							
7 NAME					TITLE					
					IIILE					
ADDRESS				0.000 (						
PHONE		STREET ADD	EMAIL	CITY		STATE	ZIP CODE			
FIIONE			⊏IVIAIL							
8 NAME					TITLE					
ADDRESS										
ADDITEOU		STREET ADD	RESS	CITY		STATE	ZIP CODE			
PHONE			EMAIL	<u> </u>						