

**Arkansas State Firefighter's Association
Application**

Date _____

Your Fire Dept. Name _____

Your Chief Name _____

Your Dept. Address _____

City _____ State _____ Zip _____ County _____

Your Name _____

Your mailing Address _____ City _____

State _____ Zip _____ Phone # _____

Your E-Mail Address _____

DOB ___/___/___/ PD. ___ VOL. ___ Retired ___ District _____

Your Beneficiary Name _____

Beneficiary Mailing Address _____

City _____ State _____ Zip _____

DUES \$ 20.00 per year.

Mail to Membership Chair Larry J. Brewer 26 Happy Valley DR. Conway, AR. 72034

Or

Mail to ASFFA Sec. Jim Gates PO Box 634 Walnut Ridge, AR. 72476