

Arkansas State Fire Fighters Association

District

Membership For ASFFA

Dept: _____	Date: _____
Address _____	FDID: _____
_____	Email: _____
Chief: _____	Fire Dept. Phone: _____
Other: _____	Chief Cell Phone: _____

	East Central Dist. Members		Members DOB	Member Email	Member Cell #	Member Dues (\$___)
	Last Name	First Name				
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30						

Please return completed form with payment to: ASFFA PO Box 634 Walnut Ridge, AR 72476

***** DO NOT COMPLETE THIS BOX *****

State Association Dues Owed:	District Scholarship Dues:
District General Dues Owed:	Total Dues Owed:
District Mortuary Dues Owed:	Date Paid: