2024 Membership Application

(The Association Membership year is from January 1st thru December 31st)

Mail Application and Check to:

Melissa L. Stratton

702 Houghton Lane Bennington, VT 05201

802-442-9484

Please Indicate Number

_____ Member Dues @ $16.00

_____ Decals @ $1.00

_____ VSFA Patches @ $2.00

Total Enclosed $_____

NOTE: Please draw a line thru any name you do not wish to register, and add any additional names at the end.

Make Checks Payable to: Vermont State Firefighters Association

Email Address_____

Department Name:_____ County:_____

Address:_____ City:_____ Zip Code:_____

Name of Chief:_____ Phone Number:_____

Name of Scecretary:_____ Phone Number:_____

Number	*Last Name*	*First Name*	*Rank*	*Address*	*City*	*State*	*Zip Code*	*EMAIL*
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								