



Individual Member Application South Carolina State Firefighters' Association

(Please Type or Print)

First Name, Middle Initial, Last Name _____ Rank _____

Home Address _____ City, State, Zip Code _____

Home Telephone _____ Cell/Business Telephone _____ E-Mail Address _____

Department County _____ Fire Department Name _____ FDID# _____

Date of Birth _____ Date of Hire _____

Firefighter Status: Paid _____ Volunteer _____ Retired _____

Race _____ Sex _____

Membership Type: Regular _____ Associate _____ Life _____ Past President Life _____ Affiliate _____

Dues Amount Paid _____ Application Date _____

Transferred From Another Department: Yes _____ No _____

Department Name _____



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