APPLICATION
For
INDIVIDUAL AFFILIATE MEMBERSHIP
LANCASTER COUNTY FIREMEN'S ASSOCIATION INC

If you are a member of an Emergency Services Organization located outside of Lancaster County, Pennsylvania --- you are invited to join the LCFA as an Affiliate Member for a single or multi-year membership at the below rates. Make checks payable to LCFA. Return with your dues remittance to LCFA, 630 East Oregon Road, Lititz, PA 17543.

Membership Fee(s):

_____ $10.00/1 Year _____ $30.00/3 Years _____ $50.00/5 Years

I, _____ Date of Birth_____
(Print full name here)

Address_____

Phone (____) _____, E-mail _____, hereby

requests Affiliate Membership in the LCFA and will remit payment as indicated above. Affiliate members are entitled to a monthly digital subscription to the PA Fireman magazine and also to a 5% discount on purchases from the LCFA Bookstore.

I am a member in good standing of _____,
(Name of Emergency Services Organization of which you are a member)

Located at _____
(Full mailing address of Emergency Services Organization of which you are a member.)

Signature of Applicant _____ Date of Application _____