



**LANCASTER COUNTY FIREMEN'S ASSOCIATION INC
OFFICIAL DELEGATE REGISTRATION FORM
AND ANNUAL ORGANIZATION MEMBERSHIP
DUES FOR 2022 - 2023
\$25.00**

Any Emergency Services Organization is eligible for membership including Fire, Rescue, Emergency Medical Services, and Forest Fire Crews.

Benefits of Organization Membership of the Lancaster County Firemen's Association Inc (LCFA):

- Voting rights at the June Annual Meeting if dues are post marked by April 1
- Monthly subscription to the PA Fireman Magazine for Organization, Delegate and Alternates
- Any size color ad in the PA Fireman Magazine will be reduced to black and white ad pricing
- 5% discount on all LCFA bookstore purchases
- Notification of special events
- Provide fire safety education trailer for public education
- Covers up to \$1,000.00 of consumables for training at Lancaster County Public Safety Training Center (LCPSTC) or Pequea Lane Fire School per year
- Provides fire department use of Pequea Lane Fire School facilities
- LCFA funds the position of the Fire Training Coordinator at Lancaster County Public Safety Training Center (LCPSTC)
- Contributes to funding of Lancaster County Public Safety Training Center Foundation

Please pay dues promptly, complete and return the attached form with remittance. Make check payable to **Lancaster County Firemen's Association Inc.** Membership Cards will be mailed to you.

If delegate and alternate delegates are unable to attend the annual meeting, and a substitute is attending, that person will need to bring a letter of authorization to vote on the Company's behalf. The authorization letter needs to be on company letterhead with the Company President and Secretary or Treasurer signatures listing the person authorized to cast a ballot for said Company. WALK IN SUBSTITUTE DELEGATES WILL NOT BE RECOGNIZED.



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DUES
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New Application _____ Renewal _____

Lancaster County Firemen's Association Inc
630 East Oregon Road
Lititz, PA 17543

**MUST BE POSTMARKED NO LATER
THAN APRIL 1 TO BE ELIGIBLE TO
VOTE AT THE ANNUAL MEETING**

Please check address and make any
changes necessary

Please complete this Delegate Registration Form as accurate as possible and return with remittance of \$25.00 in the enclosed envelope. Be sure to make a copy for your records. Each Company is entitled to one delegate and two alternate delegates who must be on record to vote at the Annual Meeting.

PLEASE TYPE OR PRINT CLEARLY

1. Delegate Name _____ Date of Birth _____
Address _____ Phone (____) _____
City _____ State ____ Zip _____ E-mail _____

Please include two Alternate Delegates who will be placed on the mailing list, so you get the full benefits of your membership.

2. Alternate Delegate Name _____ Date of Birth _____
Address _____ Phone (____) _____
City _____ State ____ Zip _____ E-mail _____

3. Alternate Delegate Name _____ Date of Birth _____
Address _____ Phone (____) _____
City _____ State ____ Zip _____ E-mail _____

Authorized By:

Organization President _____ Phone (____) _____
(Signature)
President Name _____ E-mail _____
(Print Name)
Organization Secretary or Treas. _____ Phone (____) _____
(Signature)
Secretary or Treas. Name _____ E-mail _____
(Print Name)

Both Signatures are required

ALL DELEGATE CHANGES DURING THE YEAR MUST BE SUBMITTED IN WRITING AND
SIGNED BY THE PRESIDENT AND SECRETARY OR TREASURER