



**EMERGENCY SERVICE ORGANIZATION
APPLICATION FOR MEMBERSHIP OR ANNUAL RENEWAL**
Annual membership period is January 1st through December 31st of calendar year.

ESO Membership application/renewal is now available to complete and pay online!
<https://www.lcfa.com/membership/organization-membership/>

Date of Application _____ New Application ___ Renewal ___

Organization Name _____ Station # _____

Address _____

Phone _____ Website _____

Organization Type: Fire/Rescue _____ EMS _____ Other _____

Each Emergency Services Organization (ESO) is entitled to one Delegate and two Alternate Delegates.
Please complete all information below:

Delegate Name _____ **Date of Birth** _____

Address _____

Phone _____ Email _____

Alternate Delegate Name _____ **Date of Birth** _____

Address _____

Phone _____ Email _____

Alternate Delegate Name _____ **Date of Birth** _____

Address _____

Phone _____ Email _____

ANY DELEGATE CHANGES DURING THE YEAR MUST BE SUBMITTED IN WRITING AND SIGNED BY THE PRESIDENT AND SECRETARY.

ESO AUTHORIZATION

ESO President Name _____ Signature _____

Phone _____ Email _____

ESO Secretary Name _____ Signature _____

Phone _____ Email _____

Please complete ALL information on this form and return with your dues remittance of \$25.00. Dues must be received no later than April 1st for Delegates to be eligible to vote at the Annual Meeting. Make checks payable to "LCFA" and return to:

Lancaster County Firemen's Assoc.
630 East Oregon Road
Lititz, PA 17543

For questions contact LCFA Treasurer at 717-560-6530 or email treasurer@lcfa.com