2017 NSVFA **100% DEPARTMENT** ENROLLMENT FORM

**MEMBERSHIP TERM: JULY 1, 2017 to JUNE 30, 2018**

**Renewing Department:** Review & return enclosed roster **adding emails**. Please see the enclosed blank enrollment form to list NEW members’ names ***in alphabetical order***. Complete their complete mailing address, phone number and **email**.

**New Membership Departments** enrolling for the first time: Please see the enclosed blank enrollment form to list **ALL** members’ names ***in alphabetical order***. Complete their complete mailing address, phone number and **email**.

**DEPARTMENT (NAME) MAKING 100% DEPARTMENT APPLICATION / RENEWAL**:

**OUR DEPARTMENT HAS \_\_\_\_\_\_ \_\_MEMBERS**

**WE PLAN TO ENROLL AS A 100% DEPARTMENT ENROLLING ALL MEMBERS.**   
MEMBERSHIP DUES ARE $20.00. FOR EACH MEMBER

New member’s Nebraska Firefighter subscriptions will begin with the October 2017 Issue.

**OUR DEPARTMENT HAS** \_\_ \_\_\_ **MEMBERS** **@ $20.00 EACH =** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**√** *DUES PAYABLE BY CHECK OR CREDIT CARD (FORM ENCLOSED) TO THE: NSVFA, PO BOX 318, Arlington, NE 68002-0318*

*<* ***IF POSSIBLE, INCLUDE MEMBERSHIP ROSTERS WITH THIS APPLICATION****>*

DEPARTMENT CHIEF: DEPARTMENT SECRETARY:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME:

POSTAL ADDRESS: POSTAL ADDRESS:

CITY: ST: ­\_\_\_ZIP: CITY: ST: ­\_\_\_ ZIP:

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:

DAY PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY PHONE:

**IMPORTANT DETAILS FOR NSVFA ENROLLMENT**

**REMEMBER YOUR E-MAILS!**

*Grace Period =* NSVFA memberships are renewable beginning July 1. IF MEMBERSHIPS ARE NOT RENEWED by SEPTEMBER 1, the member benefits of the $4,000 accidental death/dismemberment insurance coverage and the newspaper will discontinue until memberships are renewed. *Department members receive benefits per member, not by department*.

*Remember*: 100% Membership Departments may add additional **Nebraska Firefighter** subscriptions for non-NSVFA members for just **$6.00** per subscription! Simply include their name on the ‘Subscription’ form. Thanks!

**Nebraska State Volunteer Firefighter’s Association**

**P O Box 318, Arlington, Nebraska 68002-0318**

**Telephone: Toll Free (800) 642-6024 D/D (402) 478-4881 Fax: (402) 478-4762**

**Email:** [**nsvfa@windstream.net**](mailto:nsvfa@windstream.net) **Web: www.nsvfa.org**

“**NEW NSVFA MEMBERSHIPS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fire Department

**PLEASE PRINT NEW MEMBER INFORMATION BELOW:**

|  |  |
| --- | --- |
| Name: |  |
| **Postal** Address: |  |
| City / Zip Code |  |
| Telephone: |  |
| Email Address |  |

|  |  |
| --- | --- |
| Name: |  |
| **Postal** Address: |  |
| City / Zip Code |  |
| Telephone: |  |
| Email Address |  |

|  |  |
| --- | --- |
| Name: |  |
| **Postal** Address: |  |
| City / Zip Code |  |
| Telephone: |  |
| Email Address |  |

|  |  |
| --- | --- |
| Name: |  |
| **Postal** Address: |  |
| City / Zip Code |  |
| Telephone: |  |
| Email Address |  |

**YOU ARE WELCOME TO COPY THIS PAGE FOR ADDITIONAL MEMBERS MAIL WITH YOUR APPLICATION TO THE ADDRESS BELOW WITH CHECK OR CREDIT CARD PAYMENT:**

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