

Expiration Date: _

TEXAS INDUSTRIAL EMERGENCY SERVICES BOARD a division of STATE FIREMEN'S

PO Bo ph.

www.sffma.org

AND FIRE MARSHALS' ASSOCIATION OF TEXAS
ox 1709 / Manchaca, TX 78652-1709
. 512.454.3473 / f. 512.453.1876
industrial@sffma.org

Date:

OFFICE USE ONLY

INDUSTRIAL MEMBERSHIP APPLICATION

SFFMA ID#:	Facility Name:					
Facility Mailing Address:		(City/	/State/Zip Code)	PARTICIPATION FEE # of Employees:		
				# of Contractors: + (Nested/Core) Total:=		
Signature*:		Fax#:		check appropriate box below		
	ining Coordinator*:			□ 0-200 \$270 □ 201-500 \$395		
Email*:			order to process membership	501-1000 \$520		
FACILITY DUES / PA	RTICIPATION FFF	Are required in e	stact to process membersing	☐ 1501+ \$770		
Facility Dues - required for re	egistration of industrial emergency FFMA by paying "Annual Industrial D	vehicles (see § 541.201 (1)(E) Jues".) Vehicles) that the			
Paying the "Participation Fee 1. to obtain training program Training Summary) 2. to have one or more of the 3. apply for certain tax exem	Annual Dues Facility Dues: \$120 (Mandatory - All Facilities) Participation Fee: (box above) Individual Dues: (X \$30)					
INDIVIDUAL MEMBER Full SFFMA membership benefit retail, cell phone, and travel disc						
VFIS AND NVFC EXT Optional Extended Benefits a Volunteer Fire Council (NVFC \$10,000 and \$20,000 for \$15 case of LODD and a \$5,000 Se age in case of accidental injuship department.	VFIS Ext. Policy: (X \$10) NVFC Ext. Policy: (X \$15) TOTAL:					
PLEASE SEE NEXT PAGE FOR INDIVIDUAL MEMBER ROSTER INFORMATION						
METHOD OF PAY	MENT					
☐ CHECK #:		PREPAID CREDIT	Must be notified by SFFMA o Notes" using your departme			
Credit Card Payment: MC VISA AMEX DISC						

Cardholder Name: _____ Credit Card #: _____

Signature:



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HAVE YOU FILLED THIS FORM OUT BEFORE? Don't re-apply, just login to SFFMA Online to access your Facility Membership Roster and make changes.

To add members to your facility's roster, enter the appropriate information on the form below for each individual. Renewals ONLY need SFFMA ID#.

INDUSTRIAL FACILITY ID# * Are required in order to process membership INDIVIDUAL SFFMA MEMBER ROSTER Note: Unique email addresses are necessary if individual members want SFFMA Online access.							
FIREFIGHTER	SFFMA ID#: Na Home Address: Email Address*:		(City/State/Zip Code)	Last Suffix Gender: M F DOB*: (MM/DD/YY) NVFC Extended Policy \$15			
FIREFIGHTER	SFFMA ID#: Na Home Address: Email Address*:		Middle (City/State/Zip Code) Last 4 of SSN*: VFIS Extended Policy \$10	Last Gender: M F DOB*: (MM/DD/YY) NVFC Extended Policy \$15			
FIREFIGHTER	SFFMA ID#: Na Home Address: Email Address*:		Middle (City/State/Zip Code) Last 4 of SSN*: VFIS Extended Policy \$10	Last Suffix Gender: M F DOB*: (MM/DD/YY) NVFC Extended Policy \$15			
FIREFIGHTER	SFFMA ID#: Na Home Address: Email Address*:		(City/State/Zip Code)	(MM/DD/YY)			
	METHOD OF PAYMENT CHECK #: PREPAID CREDIT Must be notified by SFFMA or posted on "Department Notes" using your department's SFFMA ID# Credit Card Payment: MC VISA AMEX DISC Cardholder Name: Credit Card #:						
	Expiration Date:	_ Signature:		Date:			