



Texas Industrial Emergency Services Board

State Firefighters' and Fire Marshals' Association of Texas

PO Box 1797 ♦ Manchaca, Texas 78652-1797 ♦ (800) 580-7336
 industrial@sffma.org ♦ www.sffma.org ♦ fax: (512) 453-1876



Industrial Membership Application for the Year 20__

Facility Name:		SFFMA ID #: (if facility previously a member)	
<input type="checkbox"/> If Facility Name Has Changed, Check Box & Indicate Former Name(s):			
Facility Mailing Address:		Main #: () -	
City, State, Zip (+4):	County:	Fax #: () -	
Contact Person:		Work #: () -	
E-Mail:		Fax #: () -	
Emergency Response Training Coordinator:		Work #: () -	
E-Mail:		Fax #: () -	
Management Official (Title):		Work #: () -	
E-Mail:		Fax #: () -	
REQUESTED MEMBERSHIP(S)			
1) Industrial Membership *		(MANDATORY – All Facilities): <input checked="" type="checkbox"/>	\$500.00
2) Individual Membership (optional) <small>Full SFFMA membership benefits to ERT members, including: \$3K AD&D Insurance, \$5K LODD Immediate Assistance, and many retail, cell phone, and travel discounts. Required to file for certification.</small>		<u>Attach Member Roster from Page 2</u> # of Individuals X \$50 = \$ _____	
TOTAL DUE:		Industrial Membership + Individual Membership(s): \$ _____	

PAYMENT METHODS		
Check	Mail completed form and payment to: SFFMA PO Box 1709 Manchaca, TX 78652-1709	
Credit Card	Fax completed form with payment information below to (512) 453-1876	
	Name on Card	Exp. **REQUIRED**
	Credit Card #	CVC
	Billing Address	
	City, State Zip	
Phone	Authorized Signature	



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INDIVIDUAL MEMBERSHIP(S)

Please complete the following for NEW SFFMA MEMBERS or CURRENT MEMBERS needing updates. RENEWALS only require SFFMA ID# and personal information does not need to be resubmitted, unless requested by SFFMA staff.

Individual's Full Legal Name:		Last 4 digits of SSN: (Required)	DOB: (Required) / /	Previous SFFMA ID# (if applicable):
E-Mail Address:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name (if applicable):
SFFMA Membership <input type="checkbox"/> Annual Dues \$50	Additional Insurance <input type="checkbox"/> VFIS Extended Policy (\$10 extra)	Additional Insurance <input type="checkbox"/> NVFC Extended Policy (\$18 extra)		Individual Total

Individual's Full Legal Name:		Last 4 digits of SSN: (Required)	DOB: (Required) / /	Previous SFFMA ID# (if applicable):
E-Mail Address:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name (if applicable):
SFFMA Membership <input type="checkbox"/> Annual Dues \$50	Additional Insurance <input type="checkbox"/> VFIS Extended Policy (\$10 extra)	Additional Insurance <input type="checkbox"/> NVFC Extended Policy (\$18 extra)		Individual Total

Individual's Full Legal Name:		Last 4 digits of SSN: (Required)	DOB: (Required) / /	Previous SFFMA ID# (if applicable):
E-Mail Address:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name (if applicable):
SFFMA Membership <input type="checkbox"/> Annual Dues \$50	Additional Insurance <input type="checkbox"/> VFIS Extended Policy (\$10 extra)	Additional Insurance <input type="checkbox"/> NVFC Extended Policy (\$18 extra)		Individual Total

Individual's Full Legal Name:		Last 4 digits of SSN: (Required)	DOB: (Required) / /	Previous SFFMA ID# (if applicable):
E-Mail Address:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name (if applicable):
SFFMA Membership <input type="checkbox"/> Annual Dues \$50	Additional Insurance <input type="checkbox"/> VFIS Extended Policy (\$10 extra)	Additional Insurance <input type="checkbox"/> NVFC Extended Policy (\$18 extra)		Individual Total

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