



**MAINE STATE FEDERATION OF FIRE FIGHTERS**  
**2020 Application for New Members**

**PLEASE PRINT CLEARLY & FILL OUT FORM COMPLETELY**  
**Please include your beneficiary information**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Department Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Dept.): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Beneficiary Relationship**

Beneficiary Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

**Please return this form with dues payment of \$15.00 to:**

Make check payable to: Maine State Federation of Fire Fighters and return to your County Vice President.  
For a complete listing of County Vice Presidents please see the Federation website at: [www.msfff.org](http://www.msfff.org) or call the  
Maine Municipal Association at: 1-800-452-8786

**Please make a copy of this form for your records and send the original with payment**

Maine State Federation of Fire Fighters Amount Due:     \$15.00    

Return Dues form with payment by June 30, 2020 Amount Paid: \_\_\_\_\_

Questions: Call 1-800-452-8786 or (207) 623-8428 Date Mailed: \_\_\_\_\_

Check #: \_\_\_\_\_

Please note that the membership follows the individual. Therefore, if employment changes to another employer, the individual will continue to be a member at their new location.

**Membership year is July 1, 2020 – June 30, 2021**