



MAINE STATE FEDERATION OF FIRE FIGHTERS APPLICATION FOR NEW MEMBERSHIP

PLEASE PRINT CLEARLY & FILL OUT THIS FORM COMPLETELY
YOU MUST INCLUDE YOUR BENEFICIARY INFORMATION

FULL NAME: _____ DOB: _____

DEPARTMENT: _____

TITLE: _____

HOME MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

BENEFICIARY INFORMATION:

BENEFICIARY FULL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO MEMBER: _____

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Please return this form with dues payment of \$15.00 to: your county VP

Make check payable to: Maine State Federation of Fire Fighters.

For a complete list of VP's please see the Federation website at www.msfff.org or call the Membership Coordinator at 207.350.7434

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

Please return MSFFF dues form with payment by June 30, 2024

Questions: call the Membership Coordinator/Lisa Archer 207.350.7434

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

MSFFF MEMBERSHIP YEAR IS JULY 1, 2024 – JUNE 30, 2025