



NVFC Membership Roster

Department Name: _____ Date: _____

	First Name	Last Name	Address	City	State	Zip	Email	EMS/Rescue Section
1								<input type="checkbox"/>
2								<input type="checkbox"/>
3								<input type="checkbox"/>
4								<input type="checkbox"/>
5								<input type="checkbox"/>
6								<input type="checkbox"/>
7								<input type="checkbox"/>
8								<input type="checkbox"/>
9								<input type="checkbox"/>
10								<input type="checkbox"/>
11								<input type="checkbox"/>
12								<input type="checkbox"/>
13								<input type="checkbox"/>
14								<input type="checkbox"/>
15								<input type="checkbox"/>
16								<input type="checkbox"/>
17								<input type="checkbox"/>
18								<input type="checkbox"/>
19								<input type="checkbox"/>
20								<input type="checkbox"/>
*Please add additional rows or attach additional sheets as needed								
								Total # of NVFC Members:
								Total # of EMS/Rescue Section Members:
								Comp
								Total Due:



NVFC
NATIONAL VOLUNTEER FIRE COUNCIL
FIRE • EMS • RESCUE

JOIN NVFC TODAY

MAIL APPLICATION & PAYMENT TO:

2012 Atteberry Road

Eunice, LA 70535

Phone: 337-256-9093

lsfasec2016@hotmail.com

Membership Application

The National Volunteer Fire Council (NVFC) and your State Association have teamed up to offer a special membership rate for Individual members. **Join the NVFC at just \$15/per year!**

ALL-STATE MEMBERSHIP

	# of Individuals Please use the attached roster form or include your own roster if more than one person is joining	x \$15 per person
	# of EMS/Rescue Section This Section is optional. Please indicate on the roster form if you want to join the Section.	Complimentary
TOTAL DUE (in U.S. dollars)		\$



Join online or learn more at
www.nvfc.org/beyourbest

WHAT WE DO:



Represent the volunteer emergency services at the U.S. Congress, federal agencies, and on national standards setting committees



Focus on health and safety



Help departments recruit and retain personnel



Provide training on topics that matter to you



Assist departments in establishing support programs



Foster the next generation of firefighters

MEMBER INFORMATION

NAME		STREET	
DEPARTMENT		CITY/STATE/ZIP	
PHONE		DATE OF BIRTH	
EMAIL		*Email required to access membership benefits, online member portal, etc.	

PAYMENT INFORMATION

Make check or money order payable to the LSFA. Do not staple check to invoice. If using a Purchase Order (PO), please consider this your invoice.

Please charge my:	American Express <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/>
Credit Card Number:		Expiration Date		CVV No.
Billing Address:				
Name on Credit Card:		Signature		