Kentucky Firefighters Association
Personal Membership Application

Membership period runs October 1 - September 30

Please Print Clearly

NAME:______________________________________________
ADDRESS:____________________________________________
CITY:____________________ STATE______ ZIP CODE:________
PHONE: (______)________________________
E-MAIL: _____________________________________________

Affiliation: ( ) Firefighter ( ) Other Public Safety ( ) Gov Official
( ) Retired Firefighter ( ) Citizen Supporter ( ) Other___________

1 Year Membership fee: $25.00 Make checks payable to KFA

SEND APPLICATION AND PAYMENT TO:

KFA TREASURER DUANE SUTTLES
C/O GRAYSON FIRE DEPARTMENT
316 E. THIRD STREET
GRAYSON, KY 41143

The KFA sincerely appreciates your continued support of our organization on a personal level. Your choice to support our organization shows your support of the fire service and its professionalism and dedication to the citizens of our commonwealth.

Duane Suttles, Treasurer

CREDIT CARD PAYMENT OPTION (VISA, MASTER CARD, DISCOVER, AMERICAN EXPRESS ONLY)

CARD TYPE: ___ VISA ___ M/C ___ DISC ___ Am EX Zip Code associated with card:_______
CARD #: ________ / ________ / ________ / ________ EXP: _____ / ____ CVV CODE: _______
NAME ON CARD: ___________________ AUTH SIGNATURE: __________________________

*Note: A $1.00 card convenience fee will be added for card transactions per membership