

Ohio State Firefighters Association Membership Application



Department or Company Name

Chief's Name

Dept Phone

Dept Fax

Address

Mailing Address (If different than street address)

City

State

County

Zip

Department Email Address

Number of Members

Department or Corporate Memberships:

- Enclose check for \$100 made payable to "Ohio State Firefighters' Association."
-

Name

Home Phone

Cell Phone

Email address

Street Address

Mailing Address (If different than street address)

City

State

County

Zip

Individual Memberships:

- Enclose check for \$25 made payable to "Ohio State Firefighters' Association."

All memberships expire on December 31st

Mail to: Ohio State Firefighters' Association
P.O. Box 400
Mogadore, OH 44260-0400
Phone: 800-825-6732