



Membership Invoice

AFSS North

January 1, 2020 to June 30, 2020

Annual Membership Dues Invoice

Name (For Membership Directory)		Name / Nickname (For Name Badge)	DOB (optional) MM/DD
Title	Date of Hire (MM/YY)	Home e-mail (optional)	
Fire Department/Organization Name		Home Address (optional)	
Work phone Office: Cell:		Home City / State & Zip (optional)	
Work Address		Phone number (optional) Home: Cell:	
Work City / State & Zip		Preferred Mailing Address (please check one) <input type="checkbox"/> Work <input type="checkbox"/> Home	
Work e-mail		What Division do you work for? (check all that apply) <input type="checkbox"/> Administration <input type="checkbox"/> Finance <input type="checkbox"/> Prevention <input type="checkbox"/> Training <input type="checkbox"/> Other (please list Division name) _____	
MEMBERSHIP CATEGORIES (please select one) <input type="checkbox"/> Active \$40 <input type="checkbox"/> Associate \$32.50 - Name of Qualifying Member in Same Agency <input type="checkbox"/> Life \$0 _____ <input type="checkbox"/> Honorary \$0 <input type="checkbox"/> Sustaining \$52.50 (non-Fire agencies)			

Payment Method:

☐ Check
☐ Payable to: AFSS North
Mail payment and completed membership form to:
Clara Turner, AFSS Treasurer, c/o Central Fire Protection District, 930 17th Avenue, Santa Cruz, CA 95062

☐ PayPal -- Convenience fee applies. Application also needs to be submitted.

Active Member: \$40

Associate: \$32.50

Sustaining: \$52.50

Questions? Please contact Valerie Erwin (Valerie.Erwin@calchiefs.org)

Print a copy of this completed form to submit with check.

Submit completed application

AFSS Office Use Only

Date Paid: _____ Method PP/Check#: _____ Amount: _____ Forwarded for Constant Contact: _____