

## Membership Invoice AFSS North

July 1, 2020 to June 30, 2021

## **Annual Membership Dues Invoice**

Name (For Membership Directory)				Name	/ Nickname (For	Name Badge)	DOB (optional)  MM/DD
Title	e Date of Hire (MM/YY)		(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 <i>(optional)</i> Home: Cell:			
Work City / State & Zip				Preferred Mailing Address (please check one)  ☐ Work ☐ Home			
Work e-mail				What Division do you work for? (check all that apply)  ☐ Administration ☐ Finance ☐ Prevention ☐ Training ☐ Other (please list Division name)			
MEMBERSH	IP CATEGO	RIES (please selec	t one)				
☐ New Member \$75 ☐ Renewal \$75 ☐ Associ					te \$50- Name of Q	ualifying Memb	er in Same Agency
☐ Life <sup>\$</sup> 0	Life <sup>\$</sup> 0 ☐ Honorary <sup>\$</sup> 0						
☐Sustaining \$100 (non-Fire agencies)							
A member in ar Registration for Check Payable to Mail payme	rears shall not the Septembe o: AFSS North nt and comple	inquent after Sep be eligible to vote. r quarterly training s ted membership forn arer, c/o Central Fire	hall be at the	e non-m	nember rate.	e, Santa Cruz, C	A 95062
☐ PayPal - (Available July 1, 2020) Convenience fee applies. Application also needs to be submitted.							
New Mer	nber: <sup>\$</sup> 75	Renewal:	<sup>\$</sup> 75		Associate: \$50	Su	staining: \$100
Questions? Please contact Lynda Vargas (Lyndav@cityofwestsacramento.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:							