

# NATIONAL VOLUNTEER FIRE COUNCIL

## INDIVIDUAL MEMBERSHIP



Thank you for your membership with the NVFC. Supporters like you enable the NVFC to continue to provide a voice for the volunteer fire, emergency, and rescue services.

<b>JOIN</b>	<b>Online:</b> www.nvfc.org	<b>Mail:</b> 7852 Walker Drive, Suite 375	<b>Phone:</b> 202-887-5700
	<b>Email:</b> nvfcoffice@nvfc.org	Greenbelt, MD 20770	<b>Fax:</b> 202-887-5291

Please choose ONE of the following membership categories:

		<input type="checkbox"/>	Check here for renewal
<input type="checkbox"/>	<b>PREMIUM MEMBERSHIP</b> <i>You receive all the membership benefits, plus a \$10,000 Accidental Death &amp; Dismemberment Insurance Policy</i>		<b>\$29</b>
<input type="checkbox"/>	<b>BASIC MEMBERSHIP</b> <i>You receive all NVFC membership benefits. Membership benefits can be found on www.nvfc.org.</i>		<b>\$24</b>
<input type="checkbox"/>	<b>GROUP PREMIUM MEMBERSHIP</b> <i>A <u>minimum of 5 people</u> must join. Each member will receive all the Premium membership benefits. Please fill out the roster on the back of this application or include your own roster form.</i>		<b>\$24/per person</b>

### 2-YEAR MEMBERSHIP OPTIONS AVAILABLE

Save 10% when purchasing a 2-year Individual membership

<input type="checkbox"/>	<b>2-YEAR PREMIUM MEMBERSHIP</b>	<b>\$52</b>
<input type="checkbox"/>	<b>2-YEAR BASIC MEMBERSHIP</b>	<b>\$43</b>

<b>Discount code (if applicable)</b>	
<b>TOTAL DUE (in U.S. dollars)</b>	<b>\$</b>

### OPTIONAL ITEMS

<input type="checkbox"/>	<b>EMS/RESCUE SECTION</b> <i>Be a part of a group of individuals who are committed to volunteer EMS and rescue operations. <b>Complimentary</b> (with purchase of Individual Membership).</i>
<b>GENERAL DONATION</b> <i>Any amount desired</i>	<b>\$</b>
<b>VOLUNTEER FIREFIGHTER SUPPORT FUND</b> <i>Any amount desired</i>	<b>\$</b>

### MEMBER INFORMATION

<b>Name</b>		<b>Street Address</b>	
<b>Dept/Org/Company</b>		<b>City/State/Zip</b>	
<b>Phone</b>		<b>Referred by (if applicable)</b>	
<b>Email Address</b> <small>*Required for members-only website access and newsletter</small>		<b>Date of Birth</b>	

### PAYMENT INFORMATION

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

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



**NVFC**  
**2016/2017 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"/>
<b>Total # of NVFC Members:</b>								
<b>Total # of EMS/Rescue Section Members:</b>								<b>Comp</b>
<b>Total Due:</b>								

\*Please add additional rows or attach additional sheets as needed