

NATIONAL VOLUNTEER FIRE COUNCIL

2018 MEMBERSHIP APPLICATION



JOIN NVFC TODAY:

ONLINE: WWW.NVFC.ORG
 EMAIL: NVFCOFFICE@NVFC.ORG
 P: 202-887-5700 | F: 202-887-5291

MAIL: 7852 WALKER DRIVE
 SUITE 375
 GREENBELT, MD 20770

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.

<input type="checkbox"/>	Check here for renewal
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INDIVIDUAL MEMBERSHIP

	1-YEAR:		2-YEAR:	
PREMIUM INDIVIDUAL MEMBERSHIP <i>You receive all the membership benefits, plus a \$10,000 Accidental Death & Dismemberment insurance policy.</i>	<input type="checkbox"/>	\$29	<input type="checkbox"/>	\$52
BASIC INDIVIDUAL MEMBERSHIP <i>You receive all the membership benefits. Membership benefits can be found on www.nvfc.org.</i>	<input type="checkbox"/>	\$24	<input type="checkbox"/>	\$43
GROUP PREMIUM INDIVIDUAL MEMBERSHIP <i>A minimum of 5 people must join. Each member will receive all the Premium membership benefits. Please fill out the roster form or include your own roster form.</i>	<input type="checkbox"/>	\$24 per year per person		

DEPARTMENT MEMBERSHIP

	1-YEAR:		2-YEAR:	
DEPARTMENT MEMBERSHIP	<input type="checkbox"/>	\$49	<input type="checkbox"/>	\$88

OPTIONAL ITEMS

EMS/RESCUE SECTION <i>Complimentary (with purchase of an Individual membership)</i>	<input type="checkbox"/>	DISCOUNT CODE <i>(if applicable)</i>	
GENERAL DONATION	\$	TOTAL DUE <i>(in U.S. dollars)</i>	\$
VOLUNTEER FIREFIGHTER SUPPORT FUND	\$		

MEMBER INFORMATION

NAME		STREET	
DEPARTMENT		CITY/STATE/ZIP	
PHONE		DATE OF BIRTH	
EMAIL ADDRESS <i>*Required for member web site access and e-newsletter. Email will not be shared.</i>			

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			CWV NO.	
BILLING ADDRESS								
NAME ON CARD				SIGNATURE				

