

# NATIONAL VOLUNTEER FIRE COUNCIL

## 2019 MEMBERSHIP APPLICATION



### JOIN NVFC TODAY:

ONLINE: [WWW.NVFC.ORG](http://WWW.NVFC.ORG)  
 EMAIL: [NVFCOFFICE@NVFC.ORG](mailto: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:	
<b>PREMIUM INDIVIDUAL MEMBERSHIP</b> <i>You receive all the membership benefits, plus a \$10,000 Accidental Death &amp; Dismemberment insurance policy.</i>	<input type="checkbox"/>	\$34	<input type="checkbox"/>	\$62
<b>BASIC INDIVIDUAL MEMBERSHIP</b> <i>You receive all the membership benefits. Membership benefits can be found on <a href="http://www.nvfc.org">www.nvfc.org</a>.</i>	<input type="checkbox"/>	\$29	<input type="checkbox"/>	\$52
<b>GROUP PREMIUM INDIVIDUAL MEMBERSHIP</b> <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"/>	\$29 per year per person		

### DEPARTMENT MEMBERSHIP

	1-YEAR:		2-YEAR:	
<b>DEPARTMENT MEMBERSHIP</b>	<input type="checkbox"/>	\$59	<input type="checkbox"/>	\$106

### OPTIONAL ITEMS

<b>EMS/RESCUE SECTION</b> <i>Complimentary (with purchase of an Individual membership)</i>	<input type="checkbox"/>
<b>GENERAL DONATION</b>	\$
<b>VOLUNTEER FIREFIGHTER SUPPORT FUND</b>	\$

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

### MEMBER INFORMATION

<b>NAME</b>		<b>DEPARTMENT</b>	
<b>STREET</b>		<b>CITY/STATE/ZIP</b>	
<b>TITLE</b>		<b>DATE OF BIRTH</b>	
<b>EMAIL ADDRESS</b>		<b>PHONE</b>	

\*Email address is required for member web site access and e-newsletter. Email addresses will not be shared.

### 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.

<b>PLEASE CHARGE MY:</b>	<input type="checkbox"/>	<b>AMERICAN EXPRESS</b>	<input type="checkbox"/>	<b>VISA</b>	<input type="checkbox"/>	<b>MASTERCARD</b>	<input type="checkbox"/>	<b>DISCOVER</b>
<b>CARD #</b>				<b>EXP DATE</b>			<b>CWV NO.</b>	
<b>BILLING ADDRESS</b>								
<b>NAME ON CARD</b>				<b>SIGNATURE</b>				