

NATIONAL VOLUNTEER FIRE COUNCIL

2020 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. Please fill out the following application form and send with payment.

<input type="checkbox"/>	Check here for renewal
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QUANTITY	INDIVIDUAL MEMBERSHIP <i>If more than one person, please use attached roster or submit your own.</i>	\$18 per person
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OPTIONAL ITEMS

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

TOTAL DUE <i>(in U.S. dollars)</i>	\$
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Join online at
www.nvfc.org/beyourbest

MEMBER BENEFITS:



\$10,000 AD&D INSURANCE POLICY (DOUBLES TO \$20K IF LINE OF DUTY DEATH)



FREE ONLINE TRAINING THROUGH THE VIRTUAL CLASSROOM



EDUCATIONAL DISCOUNTS TO ONLINE UNIVERSITIES AND FIRE SERVICE TRAINING



DISCOUNTS ON GEAR, EQUIPMENT, FIRE SERVICE EXPOS, AND MORE!

MEMBER INFORMATION

NAME	DEPARTMENT	
STREET	CITY/STATE/ZIP	
TITLE	DATE OF BIRTH	
EMAIL ADDRESS	PHONE SELECT: <input type="checkbox"/> CELL <input type="checkbox"/> HOME	

**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.

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				



NVFC
 NATIONAL VOLUNTEER FIRE COUNCIL
FIRE • EMS • RESCUE

NVFC
2020 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"/>
Total # of NVFC Members:								
Total # of EMS/Rescue Section Members:								Comp
Total Due:								

*Please add additional rows or attach additional sheets as needed