

F.S. Bobby Johns  
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Corresponding  
Secretary

F.F. Kevin Shuler  
Recording Secretary



# AUSTIN AFRICAN-AMERICAN FIREFIGHTER ASSOCIATION



## Application for Membership

I \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ am applying for membership in the AAFFA and agree to abide by its constitution and by-laws. I agree to work toward implementing the association goals and objectives.

Signature / TXFR(if applicable) \_\_\_\_\_ Rank \_\_\_\_\_ Station \_\_\_\_\_ Shift \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone /Cell \_\_\_\_\_ Email \_\_\_\_\_

Local 975 Member? \_\_\_\_\_ AFD Member? \_\_\_\_\_ Retired AFD Member? \_\_\_\_\_

**Do you have a business or skill you would like to add to our website? Provide details below.**

**Business**

Name: \_\_\_\_\_

Service/Product: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Comments: \_\_\_\_\_

First Sponsor

Second Sponsor

Dues are \$30 monthly (Full) / \$10 (other) Lifetime Membership Interest? \_\_\_\_\_ (Retirees only)

For Office Use Only	
Member # _____	Membership Card _____
System Update _____	Membership Level _____
Direct Deposit Form _____	President Approval _____

Last Rev: 14 Apr 11