



MEMBERSHIP APPLICATION

Type of Membership:

Individual Department Corporate

Membership Fees: Individual: \$10
 Department: \$100
 Corporate: \$150

Individual / Dept. / Company Name:

Individual / Dept. / Company Address:

Individual / Dept. / Company Phone: _____

Individual / Dept. / Company Email:

Firefighter / Department Number:



**SOUTH CENTRAL KENTUCKY
FIREFIGHTERS ASSOCIATION**

**P.O. BOX 323
FRANKLIN, KY 42135**

sckfa@outlook.com

www.SCKFA.com

WWW.SCKFA.com