



ANTIQUÉ FIRE ASSOCIATION of NEW JERSEY



MEMBERSHIP APPLICATION
() NEW MEMBER () RENEWAL

Name _____
Address _____
City _____
State _____ Zip _____

THIS IS YOUR MAILING LABEL WHICH REFLECTS OUR RECORDS FOR YOU. PLEASE CHECK IT FOR ERRORS. IF THERE ARE ANY ERRORS, PLEASE LET US KNOW.

Telephone Number () _____ Email Address _____

PLEASE help us update our records by completing the following: (Please Print)
Apparatus owned by you or your organization:

Year _____ Make _____ Model _____ Type _____ Original/Restored _____

My/Our Firematic interests include: (Please Check Your Interests)

- | | |
|--------------------------------------|---------------------------------------|
| () A- Antique Fire Apparatus | () B- Modern Fire Apparatus |
| () C- Apparatus Photography | () D- Fire Department Memorabilia |
| () E- Antique Fire Toys | () F- Modern Fire Toys |
| () G- Fire Scene Photography | () H- Fire Department Histories |
| () I- Fire Apparatus Model Building | () J- Communications and Fire Alarms |
| () K- Ambulance / Rescue Vehicles | () L- Books & Literature |
| () M- SPAAMFAA Member | () X- Other |

Please List Your Family Members Who Will Be Associate Member **OR** Fire Department / Organization Members – List 5 Members Who Will Be Your Representatives

Fire Department/Organizations – Please Give the Following Information For Your Primary Representatives
Name: _____ Telephone No. _____ e-mail _____
Home Address _____ City _____ State __ Zip _____

Annual Dues _____ \$ 25.00 Individual _____ \$ 35.00 Organizations

Please return this form along with your check made payable to A.F.A.N.J.

No Later than March 31st to maintain Association Membership

A.F.A.N.J. - Membership Committee – 6 Putter’s Rd – Succasunna, NJ 07876

For AFANJ SECRETARY USE ONLY

Dues Received for the year of _____ Date Received _____ Membership Number _____
Amount Received \$ _____ () Cash () Check No. _____ () Money Order () Other