

# APPLICATION FOR MEMBERSHIP

## MAIL MEMBERSHIP APPLICATIONS TO SOUTHERN CONNECTICUT ANTIQUE FIRE APPARATUS COLLECTORS

MEMBERSHIP SECRETARY  
4 FLAX MILL TERRACE, MILFORD, CT 06461

PLEASE PRINT

MAKE CHECKS PAYABLE TO SCAFAC

**NAME:** \_\_\_\_\_

**AFFILIATION:** \_\_\_\_\_  
(FIRE DEPARTMENT, OR ORGANIZATION, GROUP)

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE +4)

**PHONE #:** ( ) \_\_\_\_\_

**CELL PHONE #:** ( ) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**TYPE OF MEMBERSHIP:** (PLUS \$5.00 APPLICATION FEE)

**INDIVIDUAL** - (\$35.00) \_\_\_\_\_

**AFFILATE** - (\$35.00) \_\_\_\_\_ (FIRE DEPARTMENT, OR ORGANIZATION, GROUP)

**HONORARY** - (MUST BE APPROVED BY TWO-THIRDS OF THE ACTIVE MEMBERSHIP AT A MEETING)

**NEW MEMBER - PROPOSED BY:** \_\_\_\_\_  
ACTIVE MEMBER NAME

**DO YOU OWN ANTIQUE FIRE APPARATUS?** YES \_\_\_ NO \_\_\_

(PLEASE LIST THE MAKE, MODEL & YEAR OF YOUR APPARATUS (LIST ON REAR OF THIS APPLICATION OR OTHER)

**ARE YOU A NATIONAL MEMBER OF SPAAMFAA?** YES \_\_\_ NO \_\_\_

**ARE YOU INTERESTED IN JUDGING FIRE APPARATUS?** YES \_\_\_ NO \_\_\_

**ARE YOU INTERESTED IN HOLDING AN OFFICE?** YES \_\_\_ NO \_\_\_

**ARE YOU WILLING TO PARTICIPATE IN FUND RAISING?** YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

THE APPLICATION FEE (\$5.00) & MEMBERSHIP DUES (\$35.00) ARE REQUIRED TO ACCOMPANY THIS FORM