

Capital Area Association of Fire Districts

Membership Application/Renewal

Name:		
County:	_ Fire District:	
Mailing Address:	City:	Zip:
Primary Contact Phone Number:	Email:	:
IF FIRE DISTRICT OR ASSOCAIATION T	WO POINTS OF CONTA	CT WILL SHARE INFORMATION
Name:	Email:	
Name:	Email:	
Fire Company if Different:		
FIRE DISTRICT OFFICERS WHO WOULD	D LIKE TO BE ADDED TO	OUR EMAIL DISTRIBUTION LIST
Name:	Email:	
District/Organization;	cember 31 st shall be as follow	s and shall be based on the annual budget of the Fire
Annual budgets up to and including \$200,000 Annual budgets more than \$200,001 up to incl	uding \$400.000	\$50.00 \$100.00
Annual budgets more than \$400,001 up to incl		\$200.00
Annual budgets more than \$600,000		\$300.00
Associate/Individual membership fee		\$50.00 \$300.00
Regional or County Fire District Association Business Partners membership fee		\$100.00
Please submit payments to: Capital Area Fire D CAFDA Treasurer PO Box 242	istricts Association	
East Schodack, NY 12063		
Signature:		