



**APPLICATION FOR MEMBERSHIP
AND/OR INFORMATION FACT SHEET**

SELECT ONE: ACTIVE MEMBERSHIP ASSOCIATE MEMBERSHIP

NAME _____

HOME ADDRESS _____

MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE)

HOME PHONE # _____

CELL PHONE # _____ OTHER PHONE # _____

EMAIL ADDRESS _____

DEPARTMENT _____ STATION _____ COMPANY _____ TOUR _____

STATUS (PERM/VR/SWING/RETIRED...) _____

FOR ACTIVE MEMBERS ONLY

I authorize the SFFCU to transfer ten (10) dollars per month (first of each month) from my
checking/savings (S-_____) account number _____
(1,5,10)
to the Asian Firefighters Association savings (S-5) account number _____
(LEAVE BLANK)
effective the first of month _____ year _____.
(LEAVE BLANK) (LEAVE BLANK)

SIGNATURE _____ **DATE** _____

RETURN TO:

**ASIAN FIREFIGHTERS ASSOCIATION
P.O. BOX 410082
SAN FRANCISCO, CA 94141
(415) 891-9232 www.asianfire.org**