Maine State Federation of Fire Fighters
2015 Application for New Members

PLEASE PRINT CLEARLY & FILL OUT FORM COMPLETELY
Please include your beneficiary information

Full Name: _____ DOB: _____

Department: _____

Title: _____

Department Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Dept.): _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____

E-Mail: _____

Beneficiary Relationship

Beneficiary Full Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Relationship to Member: _____

Please return this form with dues payment of $15.00 to:
Make check payable to: Maine State Federation of Fire Fighters and return to your County Vice President.
For a complete listing of County Vice Presidents please see the Federation website at: www.msfff.org or call the Maine Municipal Association at: 1-800-452-8786

Please make a copy of this form for your records and send the original with payment

Maine State Federation of Fire Fighters
Return Dues form with payment by June 30, 2015
Questions: Call 1-800-452-8786 or (207) 623-8428

Amount Due: $15.00
Amount Paid: _____
Date Mailed: _____
Check #: _____

Please note that the membership follows the individual. Therefore, if employment changes to another employer, the individual will continue to be a member at their new location.

Membership year is July 1, 2015 – June 30, 2016