



Southwest Virginia Firefighters Association Membership Application

We Protect Southwest Virginia

Department Information:

Application Date: _____

Department Name: _____ County: _____

Mailing Address: _____ Physical Address: _____

Attn: _____ Attn: _____

Department Phone: _____ Department Fax: _____

Department Web Site: _____ Department e-mail: _____

Number of Active Members: _____

Chief or Contact Name and Phone Number: _____

Department meeting time, date and location: _____

Emergency Coordinator Information:

Name: _____ Phone: _____ Fax: _____

Dispatch Information:

Dispatch Center Name: _____

Contact Person: _____ Phone: _____ Fax: _____

Additional Association Information

Member of the Virginia State Firefighters Association: _____

County Association: _____ Contact: _____ Phone: _____

Would you or your department be willing to work with the Southwest Virginia Firefighters Association Membership Committee get the information about the association to non-member department(s) in your county? YES _____ NO _____

Department contact person: _____ Phone: _____

Department Name: _____

If you are a new member your first year is free* !

***Please indicate on your application that this is your first year in the association.**



Please make a copy of this application for your records



www.swvafirefighters.com