

NSVFA ENROLLMENT FORM – PAGE ONE
MEMBERSHIP TERM: JULY 1, 2010 to JUNE 30, 2011

CHECK THE FOLLOWING DETAILS

- √ **Grace Period = Enroll by September 1 to continue \$4,000 accidental death/dismemberment insurance and receive the October issue of the NE Firefighter!**
- √ **DUES PAYABLE BY CHECK TO THE NSVFA, P O BOX 101, YORK, NE. 68467-0101**
- √ **Choose only one of two types of enrollment: 100% Department membership **OR** Member only Department – see Benefits Sheet for specific application of benefits to each type of membership.**

(DEPARTMENT MAKING APPLICATION)

WE HAVE _____ MEMBERS

WE PLAN TO ENROLL AS A 100% DEPARTMENT ENROLLING ALL MEMBERS.
Included in each member's \$15.00 dues is \$5.00 for a one year subscription to the Nebraska Firefighter beginning with the October, 2010, issue.

_____ MEMBERS @ \$15.00 EACH = \$ _____

_____ ADDITIONAL NEWSPAPER SUBSCRIPTIONS @ \$5.00 = \$ _____
(i.e. Board Members, Retired Members etc. - Must be paid at the same time dues are paid.)

CHECK NO. _____ TOTAL DUE: \$ _____

>OR<

WE PLAN TO ENROLL AS A MEMBER ONLY DEPARTMENT.
Included as part of the \$110.00 Department/Fire Chief Dues and the \$15.00 per member dues is \$5.00 for a one year Nebraska Firefighter subscription beginning with the October, 2010, issue.

DEPARTMENT/CHIEF DUES @ \$110.00 = \$ _____ 110.00

_____ ADDITIONAL MEMBERS @ \$15.00 EACH = \$ _____

_____ ADDITIONAL NEWSPAPER SUBSCRIPTIONS @ \$10.00 = \$ _____
(i.e. Board Members, Retired Members etc. - Must be paid at the same time dues are paid.)

CHECK NO. _____ TOTAL DUE: \$ _____

DEPARTMENT CHIEF:

DEPARTMENT SECRETARY:

<Please mark Chief and Secretary on roster if not already noted>

NAME: _____

NAME: _____

EMAIL: _____

EMAIL: _____

Renewing department: Please see enclosed roster and follow the instructions provided in the enrollment letter.

New Membership Department, enrolling for the first time: Please see the enclosed blank enrollment form to list members' names IN ALPHABETICAL ORDER. Complete the **POSTAL** mailing address, phone number, and I D Number (first four letters of an individual's last name and the last four numbers of their social security number).

“NEW NSVFA MEMBERSHIPS FOR 2010-2011”:

(Additional newspaper subscriptions should be entered on the last page of this document.)

_____ Fire Department

Email Address: _____

Mailing Address: _____

City: _____, NE. _____

Name:	
Postal Address:	
City / Zip Code	
Telephone:	
I D Number:	

Name:	
Postal Address:	
City / Zip Code	
Telephone:	
I D Number:	

Name:	
Postal Address:	
City / Zip Code	
Telephone:	
I D Number:	

Name:	
Postal Address:	
City / Zip Code	
Telephone:	
I D Number:	

Name:	
Postal Address:	
City / Zip Code	
Telephone:	
I D Number:	

Name:	
Postal Address:	
City / Zip Code	
Telephone:	
I D Number:	

Please copy this page for additional members and mail to the address below with a check to the NSVFA.

Nebraska State Volunteer Firefighter’s Association
P O Box 101, York, Nebraska 68467-0101
Telephone: Toll Free (800) 642-6024 D/D (402) 362-2255
Fax: (402) 362-2266
Email: nsvfa@windstream.net Web: nsvfa.org

“ADDITIONAL NEBRASKA FIREFIGHTER NEWSPAPER SUBSCRIPTION ADDRESSES
FOR NON-NSVFA MEMBERS, 2010-2011:

_____ Fire Department

- 100% Membership Departments may add additional subscriptions for non-NSVFA members at a cost of \$5.00 per subscription.
- Member only departments may add additional subscriptions for non-NSVFA members at a cost of \$10.00 per subscription.
- Payment for below subscriptions should be included with the Department’s membership check. See page one of the NSVFA Enrollment Form.

(Non-NSVFA member subscription suggestions: Board Members, Retired Members)

Name:	
Postal Address:	
City / Zip Code	
Telephone:	

Name:	
Postal Address:	
City / Zip Code	
Telephone:	

Name:	
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City / Zip Code	
Telephone:	

Name:	
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City / Zip Code	
Telephone:	

Please copy this page for additional subscriptions.