Fire Department Name: ________________________________

Mailing Address: ______________________________________

City/State/Zip: ________________________________________

Phone Number: ___________________ Fax Number ____________

Email Address: _________________________________________

Web Site: ____________________________________________

Fire Chief: ___________________________________________

Association President: _________________________________

Association Business Meeting Night: ______________________

Total Number of Volunteers: ________

Please Attach Agency Roster to this Form!

ANNUAL DUES:

☐ 1-10 members = $50
☐ 11-20 members = $135
☐ 21-30 members = $225
☐ 31-40 members = $295
☐ 41-50 members = $370
☐ 51-70 members = $450
☐ 71 + members = $520

Associate Member = $40

Sustaining Member = $70

Membership Dues Sub-Total $___________

VOLUNTEER RELIEF FUND DONATION @ $1.00/MEMBER $___________

We are asking that your members donate at least $1.00 per member to replenish the Relief Fund, which was established to assist Volunteer Firefighters and their families in a time of need. As more funds are donated, we will have more opportunity to provide that assistance. Please consider contributing to the Volunteer Relief Fund to assure that help is available when it is needed.

TOTAL ENCLOSED $___________

Please return completed form to: OVFA
1284 Court Street NE
Salem, OR 97301
Email: laureal@ovfa.org
Fax: 503-364-9919

THANK YOU FOR YOUR CONTINUED SUPPORT OF THE OVFA
Website: www.ovfa.org Phone: 503-378-0896