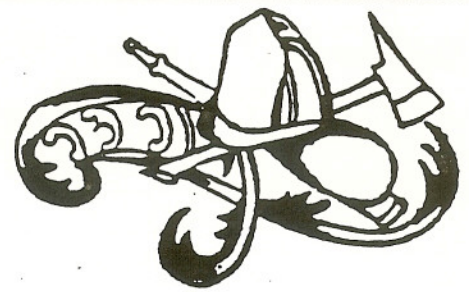


CALIFORNIA FIREMEN'S MUSTER ASSOCIATION



MEMBERSHIP APPLICATION

NAME OF GROUP _____

ADDRESS _____

CITY, STATE & ZIP _____

PERSON-IN-CHARGE _____

PHONE (INCLUDE AREA CODE) _____

DATE OF APPLICATION _____

- _____ ACTIVE MEMBERSHIP Fire departments, individuals owning fire apparatus and those in fire service related industries.
- _____ ASSOCIATE MEMBERSHIP Other friends who wish to preserve the fire history of California.
- _____ REINSTATEMENT OF MEMBERSHIP Teams who have let there membership terminate, must ask for reinstatement.
- _____ MAILING LIST ONLY Person or team who would like to receive general mailings only.

Please include with your application:

\$50.00 for new membership or reinstatement
\$15.00 for mailing list

An informational packet containing Membership Certificate, By-Laws, Rules and Regulations, list of current officers and muster schedule will be sent to you.

Please list your antique apparatus: _____

MAIL APPLICATION TO:

C.F.M.A.
121 N. Santa Rosa
Los Banos, CA 93635

Application Received _____

Application Approved _____

Packet Mailed _____

