



# TRI-STATE FIREMEN'S ASSOCIATION LIFE MEMBER APPLICATION

This Application must be presented  
**90 days** prior to the Tri-State Fire  
Convention/Training.

Please complete the following form for request of a Life Membership. Member must have 15 years of service and attended at least 8 conventions during this period.

Name: \_\_\_\_\_ Department(s): \_\_\_\_\_

Previous Name: \_\_\_\_\_  
(Maiden, Nickname, etc.)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Entered Dept.: \_\_\_\_\_ Date Entered Tri-State: \_\_\_\_\_

**\*\*\*The Department's current dues MUST accompany this application.\*\*\***

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Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Requestor: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please mail this application to the **Tri-State Board of Director's Secretary**. This application must be received **90 days** prior to the Convention/Training for verification by Permanent Records and the Board of Director's. As per Article II, Section 4 of the Constitution and By-Laws of the Tri-State Firemen's Association.

Verification by TSFA Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chairman of the Board)

Board of Director's Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Chairman of the Board)

Conditions of Disapproval: \_\_\_\_\_

**TSFA Secretary Use Only:** Total Years of Service: \_\_\_\_\_

Total Conventions Attended: \_\_\_\_\_