



**Society for the Preservation and Appreciation
of Antique Motor Fire Apparatus in America**



APPLICATION FOR MEMBERSHIP

Name _____

Organization Contact Person _____

Mailing Address _____

City _____ State/Province _____ Nine digit ZIP _____ - _____

Country _____ Phone (_____) _____ Phone Number published in Roster Yes ___ No ___

Email _____

Individual Membership (I) \$30.00 _____

Family Unit Membership (U) \$35.00 _____

Junior Membership (J) (under age 18) Date of Birth _____ \$23.00 _____

Organization Membership (O) \$35.00 _____

Patron Membership (P) \$500.00 _____

Benefactor Membership (B) \$1000.00 _____

Individual Life Membership (L) \$1000.00 _____

I prefer to receive my membership roster by digital download _____ mail _____ fee for postage and handling \$3 _____

I prefer to receive *Silver Trumpet* by digital download _____ mail _____ fee for postage and handling \$5 _____

Do you belong to a SPAAMFAA Chapter? (if Yes, Which Chapter) _____

How did you hear about us? Web page _____ a friend _____ a publication _____ at a muster _____

at a convention _____ which one? _____

Make checks payable to **SPAAMFAA** in USA funds

The membership year is February through January. Dues accepted after November 1 apply to the next year

Fire fighting apparatus 25 years of age and older are officially recognized by the Society, but we accept rigs of all kinds including steam pumpers, hand pumpers, and hand drawn hose or chemical carts. Ownership of a rig is not necessary for membership, but if you do own a rig, we encourage you to list it for the Roster

For Office Use Only

Date Rec'd _____ Initials _____ Check # _____ Amount \$ _____

Fire Apparatus Owned Yes___ No___ Please List Below

#1 Year of Manufacture _____

Original City Served by Apparatus (if known) _____

Model or Type _____ Serial or Reg. # _____

Description (GPM, etc) _____

Chassis Manufacturer _____ Builder _____

#2 Year of Manufacture _____

Original City Served by Apparatus (if known) _____

Model or Type _____ Serial or Reg. # _____

Description (GPM, etc) _____

Chassis Manufacturer _____ Builder _____

#3 Year of Manufacture _____

Original City Served by Apparatus (if known) _____

Model or Type _____ Serial or Reg. # _____

Description (GPM, etc) _____

Chassis Manufacturer _____ Builder _____

#4 Year of Manufacture _____

Original City Served by Apparatus (if known) _____

Model or Type _____ Serial or Reg. # _____

Description (GPM, etc) _____

Chassis Manufacturer _____ Builder _____

For more apparatus, please duplicate this page and include with your application.

Please mail to: Candy Bennett, Membership Secretary
8035 Bird Pond Rd., Adams Run, SC 29426-5545

Or email to membershipsecretary@spaamfaa.org

You may also process your membership application or renewal online

www.spaamfaa.org