

The Tampa Retired Fire Fighters Association, Inc.

Application for Membership

Print Name: _____

Street Address: _____

City, State, Zip: _____

E-mail: _____

Phone: (_____) _____

Please attach dues: \$24.00 annually (January 1 to December 31). Mail to:

Tampa Retired Fire Fighters Assoc., Inc.,
PO Box 4212
Plant City, FL 33563

If you don't mind please provide some background about yourself and your career:

Birthday: _____ Spouse name: _____

Hired date: _____ Retired Date: _____

Rank at retirement: _____

I am requesting/renewing membership in the Tampa Retired Fire Fighters Association, Inc.

Signature: _____ Date: _____ .