



**SOUTH CAROLINA STATE FIREFIGHTERS' ASSOCIATION
LIFE SAFETY EDUCATION**

Section Membership Application

Name: _____ Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ___-___-____ Cell: ___-___-____ Work: ___-___-____

Fax: ___-___-____ Email: _____

Membership:

- New - \$ 20.00
- Renewal - \$20.00

- By checking this box, I certify that I am a member of the South Carolina State Firefighters Association.

Payment:

Please make checks payable to the SCSFA

Mail this application and payment to:

*Bryan Bailey, Accounting
South Carolina State Firefighters Association
P. O. Box 211725
Columbia, SC 29210*