



South Carolina State Firefighters' Association

Name:

First: _____ Nick Name: _____

Middle: _____ Last: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Physical Address: (if different than mailing address)

Street: _____

City: _____ State: _____ Zip Code: _____

Race: African American American Indian Asian
(circle one) Caucasion Hispanic Other

Gender: Male [] Female []

Date of Birth: (MM/DD/YYYY) _____

Last 5 Digits of Social Security: _____

SCSFA does **NOT** share Members information with any other organization or groups.

SCSFA and SC State Fire do **NOT** share information.

SCSFA and SC State Fire are two separate entities and do **NOT** share the same database/portal.

This information is to update/confirm your information is accurate in the SCSFA database.

Keeping Members information up to date in the SCSFA database is important for SCSFA to provide all it's member with their benefits and services.