



# ARIZONA FIRE DISTRICT ASSOCIATION MEMBERSHIP APPLICATION

## FIRE DISTRICTS

*Dues are from January 1 – December 31*

Regular Member Dues\* \$ \_\_\_\_\_

*\*Fire District dues are calculated based on secondary assessed values within the District as set by the County Assessor for the prior year. Please call for dues amount.*

District Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

County: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Year Formed: \_\_\_\_\_

## FIRE CHIEF/BOARD MEMBERS

Fire Chief: \_\_\_\_\_

Board Member Name/Title: \_\_\_\_\_

Board Member Name/Title: \_\_\_\_\_

Board Member Name/Title: \_\_\_\_\_

Board Member Name/Title: \_\_\_\_\_

Board Member Name/Title: \_\_\_\_\_

**DISTRICT DATABASE INFORMATION**

Area Sq. Miles Fire: \_\_\_\_\_

Area Sq. Miles EMS: \_\_\_\_\_

# of Fire Calls: \_\_\_\_\_

# of EMS Calls: \_\_\_\_\_

# of Other Calls: \_\_\_\_\_

Employee's Paid: \_\_\_\_\_

Employee's Volunteer: \_\_\_\_\_

Employee's Reserve: \_\_\_\_\_

Ambulance:  None  Charge  No Charge  Contract

Legislative District: \_\_\_\_\_

Population Served: \_\_\_\_\_

Year Formed: \_\_\_\_\_

Budget: \$ \_\_\_\_\_

Assessed Valuation: \$ \_\_\_\_\_

Tax Rate: \_\_\_\_\_

FDAT received: \$ \_\_\_\_\_

**Return completed application and dues payment to**

**AFDA**

**PO Box 6778**

**Chandler, AZ 85246**

**Phone: 1- 480-496-4331, Fax 480-447-3303**

**PAYMENT INFORMATION**

Check # \_\_\_\_\_

Visa/ MC/ Amex # \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_