DeKalb Emergency Services' AssociationApplication for Membership

Type of membership applying for (check one): Regular Membership (personnel of any DeKalb County Emergency Service Agency) \$5 Associate Membership (non-emergency service individuals that support emergency services) \$5 Business/Organizational Membership (recognized entities supporting emergency services) \$25 Applications and Dues will be accepted beginning March 1 and no later than June 30 annually	
Name of Applicant:	Home/Business Phone #
If applying as a Regular Member, name of Emergency Service Agency:	Cell Phone #
Mailing Address: Street: City: Zip Code:	Email address:
For Emergency Service Personnel Only: Name of Department Head: Phone Number: ()	
For Association Office Use Only Date of Review:	
Action:	
Date of Official Membership: Dues Payment Date: Amount Received:\$ Payment Form (check or cash): Check # Printed Name of Person Receiving Dues Payment:	By signing below, I am certifying that all information provided on this application is true to the best of my knowledge. I further attest that I understand the mission of the DeKalb Firefighters' Association and agree to loyal support this mission. Signature of Applicant: Date:

Membership Applications and dues can be submitted in person to any member of the DeKalb Emergency Services' Association, mailed to DeKalb Emergency Services' Association, Attn: Kristie Johnson 623 Dry Creek Rd. Smithville, TN 37166

The DeKalb Firefighters' Association and its members must be of good moral character, and shall abide by United States Non-Discrimination Acts which state that no person in the United States on the basis of race, color, national origin, age or handicap shall be excluded from participation in, admission or access to, denied the benefits of, or otherwise be subjected to discrimination under any of this association's programs or activities.