

Wisconsin State Firefighter's Association, Inc.

MEMBERSHIP APPLICATION

Name:

Home Address:

City:

State: _____

Zip Code: _____

Personal Email: _____

Beneficiary:

Phone Number:

Birthdate:

Fire Department:

Department Email:

Please print this form and mail, with \$25.00 membership fee to:

Wisconsin State Firefighter's Association

PO Box 267

Mazomanie, WI 53560

[Click here](#) for the Provident Insurance Company Beneficiary Form