



# State Association of Fire and Emergency Districts *Application for Membership*

**Yes!** We want to take advantage of the education opportunities offered to SAFE-D members. Enroll us as:

- FULL-YEAR MEMBERSHIP (LARGE DISTRICT, \$500,000 or more in annual tax revenues).....\$1,100 DUES
- FULL-YEAR MEMBERSHIP (MEDIUM DISTRICT, more than \$250,000 but less than \$500,000 annual tax revenues).....\$ 550 DUES
- FULL-YEAR MEMBERSHIP (SMALL DISTRICT, \$250,000 or less annual tax revenues) .....\$ 275 DUES
- ASSOCIATE MEMBER (VFD or nonprofit organization) .....\$ 275 DUES
- ASSOCIATE MEMBER (Commercial enterprise).....\$1,100 DUES

**NAME of DISTRICT or DEPT:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Assessed Valuation: \_\_\_\_\_ Tax Rate: \_\_\_\_\_

**CHIEF:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PAYMENT OPTIONS:**

- CHECK ENCLOSED     BILL US AT THE ADDRESS ABOVE     CREDIT CARD

Bill My:    AMEX     VISA     MasterCard     Discover

Total Amount To Be Charged: \$ \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**SEND COMPLETED FORM TO:**

SAFE-D  
 P.O. Box 676 • Pflugerville, TX 78691  
 512-251-8101 • Fax: 512-251-8152 • safed@texas.net

**1. Commissioner:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**2. Commissioner:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**3. Commissioner:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**4. Commissioner:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**5. Commissioner:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_