VAFR MEMBERSHIP APPLICATION

Please indicate type of membership by checking the circle

◯ Agency ◯ Individual

SECTION 1 – ALL APPLICANTS

_____ _____

Name of Applicant *(Individual Name or Organization/Agency)* Date Application Submitted

_____

Physical Address City State Zip

_____

Mailing Address *(including zip code)*

(___)_____ (___)_____ (___)_____ _____

Business Phone Cell Phone Fax No. E-Mail Address

SECTION 2: AGENCY AND SUPPORT WITH TRAINING APPLICANTS *(all other applicants skip to section 3)*

Agency #_____ Agency is (**circle one**) *independent*, *county* or *municipality* run? Name of parent agency_____

Type of Agency ☐ EMS ☐ Fire ☐ Transport ☐ PD ☐ Business ☐ Other *(specify)*_____

Paid members? Yes ( ) No ( ) If yes, 24/7, daytime only, nighttime only or mixed?_____

Volunteer Members_____ # Career Staff_____ Volunteer + Career = _____ Active Members

Member Certifications (*equal to total number of active volunteer and career staff above*):

EMT_____ AEMT_____ PMEDIC_____ DRIVER ONLY_____ PD_____ FIRE_____ OTHER_____

Date voted to join VAFR _____ Charge for service? Yes ( ) No ( ) How are calls dispatched?_____

Do you have an auxiliary? Yes ( ) No ( ) Would you like information on VAFR Auxiliary? Yes ( ) No ( )

Do you have a Junior program? Yes ( ) No ( )

AGENCY OFFICERS

TITLE NAME EMAIL ADDRESS

CELL PHONE

_____

_____

_____

_____

_____

SECTION 3: ALL APPLICANTS

I certify, to the best of my knowledge and belief, the above information is true and correct and that I/my organization/ my business has agreed to accept all rules and regulations of the VAFR.

Method of payment:
Attached to this application is a:

☐ Check in the amount of $_____ to cover _____ members for an Agency Membership.

1–49	Members	$200.00
50+	Members	$400.00

☐ Check in the amount of $100 to cover the cost of an **Individual** Membership

Credit Card:

PLEASE COMPLETE THE APPLICATION ONLINE OR CALL THE OFFICE AT (804) 749-8191 TO PAY WITH A CREDIT CARD

REASON FOR JOINING:_____

Signed _____ Agency Representative/Title

Print Name_____

Date_____

Signed_____ Individual (*for Individual Membership*)

Print Name_____

Date _____

For Office Use only

Application Received:_____ District: _____ District VP Notified: _____

Payment Received: _____ Check No._____ Paypal:_____ Accepted: yes/no:_____

Email Sent: _____ Added to Lifeline:_____ VAFR Rep_____ Signature/Print

Date:_____