



The Association of Fire Districts of the State of New York

Association Office POB 816 Medford, NY 11763
1.800.520.9594 - 631.207.1655 fax
secretary.treasurer@afdsny.org

MEMBERSHIP APPLICATION OR RENEWAL

Name of District/Department: _____

Mailing Address: _____

Town/City: _____ Zip Code: _____

County: _____ Phone: _____

Please provide the following information for a primary contact person for your district.

Name: _____ Title: _____

Email: _____ Phone: _____

[FOR PRIMARY CONTACT]

Total Full Valuation: _____ Your Annual Budget: _____

DUES: \$85.00 FOR FULL VALUATION OF LESS THAN \$5 MILLION

\$125.00 FOR BETWEEN \$5 MILLION AND \$10 MILLION

\$175.00 FOR BETWEEN \$10 MILLION AND \$20 MILLION

\$300.00 FOR BETWEEN \$20 MILLION AND \$30 MILLION

\$400.00 FOR BETWEEN \$30 MILLION AND \$50 MILLION

\$500.00 FOR OVER \$50 MILLION

VILLAGE/ CITY MEMBERSHIP SHALL BE \$150.00

PLEASE MAIL TO: Joseph P. DeStefano Secretary/Treasurer P.O. Box 816 Medford, NY 11763

Phone: 1-800-520-9594 Fax: 631-207-1655 SECRETARY.TREASURER@AFDSNY.ORG

AMOUNT ENCLOSED: _____

Signature: _____

VISIT OUR WEB SITE AT AFDSNY.ORG

July 17