



Connecticut State Firefighters Association, Inc.

Membership Application

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Company | Chief Officer/Admin | Active | Retired | Cadet/Explorer/Junior | Sustaining

Application Date: _____	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Update
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Membership Level and Fee

Select	Membership Level	Fee / Amount Enclosed
<input type="checkbox"/>	Company	\$90.00 per company
<input type="checkbox"/>	Chief Officer / Admin	\$45.00 per chief officer
<input type="checkbox"/>	Active	\$45.00 per member
<input type="checkbox"/>	Retired	\$25.00 per member
<input type="checkbox"/>	Cadet / Explorer / Junior	\$25.00
<input type="checkbox"/>	Sustaining	\$250.00

Applicant / Representative Information

Name of Applicant or Representative (Last, First, MI):

Home / Representative Address:

City/Town: _____ County: _____ State: _____

Zip: _____

Phone: _____ E-Mail: _____

Rank / Position / Title:

Organization / Fire Service Affiliation

Official Organization / Group Name:

Fire Service Affiliation / Community Served:

Assigned Company / Division, if applicable:



Connecticut State Firefighters Association, Inc.

Organization / Mailing Information

Physical Address:

City/Town: _____ County: _____ State: _____ Zip: _____

Mailing Address, if different:

City/Town: _____ County: _____ State: _____ Zip: _____

Organization Phone: _____ Organization E-Mail: _____

Organization Type / Affiliation Category

<input type="checkbox"/> Fire Department / District	<input type="checkbox"/> Fire Company
<input type="checkbox"/> Union	<input type="checkbox"/> Fire School / Academy
<input type="checkbox"/> Fire-Based EMS	<input type="checkbox"/> Cadets / Explorers / Juniors
<input type="checkbox"/> Sustaining	<input type="checkbox"/> Other: _____

Additional Information (Active/Retired Members Only)

Other Affiliated Fire Service Organizations:

Years of Active Service, if retired/inactive: _____ From: _____ To: _____

Additional Companies / Members Covered by This Application: Attached list Not applicable

Notes / Explanation for Other or Sustaining Membership:

Applicant Certification and Signature

By signing below, the applicant certifies that the information provided is true and complete and understands that membership is subject to verification and approval under the bylaws and policies of the Connecticut State Firefighters Association, Inc.

Signature: _____ Date: _____

Printed Name: _____ Title/Position: _____

Payment Method: Check MembershipWorks / Online Other: _____

Amount Enclosed/Paid: \$ _____



Connecticut State Firefighters Association, Inc.

CSFA Use Only

Date Received by CSFA: _____	Date Fee Processed: _____
Date Presented to Executive Committee: _____	Membership Level Approved: _____
Date of Notification of Membership: _____	MembershipWorks Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No



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Instructions

- Complete all sections that apply to the requested membership level. Attach additional pages when more space is needed.
- For company or organization-level applications, provide the official organization name, fire service affiliation/community, and a designated representative.
- For individual applications, provide the applicant name, rank/position, assigned company/division, and affiliated fire service organization.
- For retired applicants, list affiliated organizations and years of active service. Retired/inactive membership eligibility require twenty years of continuous active service.
- For multiple companies, groups, chiefs, administrators, or individuals being covered under one payment, attach a separate list identifying all names, positions, organizations, and companies covered.
- Per the bylaws, only fire-based EMS organizations are eligible for membership where EMS affiliation applies.
- Applicants may be disqualified from membership for dishonorable conduct, criminal activity, termination from the fire service, or other grounds established by the Association.
- Submit completed applications by e-mail to secretary@csfa.org or by mail to:
CSFA, 34 Perimeter Rd., Windsor Locks, CT 06096-1069, ATTN: Membership.
- Provide payment by check or through MembershipWorks when available. The Association may contact the listed organization or representative to verify status before approval.

Membership Level Guide

Level	Use This Level For
Company	Fire company, fire department/district company, or qualifying group/company membership.
Chief Officer/Admin	Chief officers, administrative officers, department officials, or designated fire service leadership.
Active	Active firefighters or active fire service members applying as individuals.
Retired	Retired or inactive fire service members, subject to eligibility verification. Not eligible for benefits.
Cadet/Explorer/Junior	Cadet, Explorer, or Junior firefighter organizations or individuals, with sponsor information as applicable.
Sustaining	Supporting individuals or organizations that do not otherwise fit an active fire service category.