



DIXIE FIREFIGHTERS ASSOCIATION
PO BOX 1656
ELIZABETHTOWN, KY 42702



DIXIE FIREFIGHTER ASSOCIATION MEMBERSHIP APPLICATION

I am applying as _____ An Individual Dixie Member. (\$10.00 per year).
_____ Departmental - District Member (\$50.00 per year)

Primary Name
(Individual or Departmental)
Please print clearly _____

Primary E-mail Address _____

Primary Address _____

Physical Address for
Departments _____

Primary Phone Number
For Department
(Non- emergency) _____

Secondary Phone Number _____

Chief of Department Name _____

Chiefs Primary Phone Number _____

Chiefs E -mail Address _____

Please make check or money order payable to:

Dixie Firefighter Association
PO Box 1656
Elizabethtown, Kentucky 42702
Attn: Steve Sheets

