

Subscription Form

Name: _____

9-1-1 Address: _____

Old Address (If applicable) _____

Phone Number: _____

Number of persons at Residence:

Adults: _____

Children: _____

Residential Subscription fee:

___ \$85 if paid by June 31

___ \$110 if paid after June 31

Commercial or Industrial Subscription fee:

___ \$275 if paid by June 31

___ \$325 if paid after June 31

9-1-1 Reflective Address Sign:

To be installed, at no fee, by our fire fighters

___ \$15 each (more than one can be purchased if needed)

Please return this form & your check or money order as payment. Membership & reflective signs can be paid using a single payment. Please fill in your correct address this will help us find your home and update our mailing list.

Thank you for your support!