

**FLORIDA ASSOCIATION OF
FIRE RESCUE CADETS**

MEMBERSHIP APPLICATION/RENEWAL

FLORIDA FIRE CHIEFS' ASSOCIATION

221 Pinewood Drive • Tallahassee, FL 32303-4837
850.900.5180 • info@ffca.org

Department: _____

Post/Unit #: _____

Cadet Advisor or Department Contact: _____

Address: _____

City, State Zip: _____

Office Phone: _____

Cell Phone: _____

Email: _____

MEMBER INFORMATION

1. Cadet Name: _____

11. Cadet Name: _____

2. Cadet Name: _____

12. Cadet Name: _____

3. Cadet Name: _____

13. Cadet Name: _____

4. Cadet Name: _____

14. Cadet Name: _____

5. Cadet Name: _____

15. Cadet Name: _____

6. Cadet Name: _____

16. Cadet Name: _____

7. Cadet Name: _____

17. Cadet Name: _____

8. Cadet Name: _____

18. Cadet Name: _____

9. Cadet Name: _____

19. Cadet Name: _____

10. Cadet Name: _____

20. Cadet Name: _____

Number of Cadets _____

x \$15.00 = \$

Membership thru 9/30/2021

AMOUNT DUE

CHECK # _____ (Payable to Florida Fire Chiefs' Association)

CREDIT CARD NUMBER:

Expiration Date: _____

CVV Code: _____

Name as it appears on card: _____

Same as above

Card Billing Street Address: _____

Same as above

Card Billing City, ST & Zip: _____

Same as above

Email address for receipt: _____

Membership year is October 1 thru September 30. All memberships are subject to Board of Directors approval. Florida Fire Chiefs' Association is a not-for-profit Corporation – Federal ID# 65-0057476.



FLORIDA ASSOCIATION OF FIRE RESCUE CADETS

SPECIAL RISK INSURANCE APPLICATION

Policyholder: Florida Fire Chiefs' Association Cadet Program
Policy Number: 9907-51-30

Application Date:

Cadet Advisor:

Post/Unit #:

Cadet Program Name:

Address:

City, State Zip:

Office Phone:

Cell Phone:

Email:

Number of Cadets	x \$8.00 =	\$	Full Year Premium
	x \$4.00 =	\$	After March 1

CHECK # _____ (Payable to Florida Fire Chiefs' Association)

MAIL TO: FFCA ° 221 Pinewood Drive ° Tallahassee, FL 32303-4837

CREDIT CARD NUMBER:

Expiration Date:

CVV Code:

Name as it appears on card:

Same as above

Card Billing Street Address:

Same as above

Card Billing City, ST & Zip:

Same as above

Email address for receipt:

NOTE:

Insurance does not require an enrollment form for each Cadet. The policy is based on the total count of cadets that are registered in the FFCA Cadet program. That enrollment number may vary slightly during the policy (+10%). We will adjust the premium during the next renewal to account for any minor changes in registration that may have occurred and set the renewal based on any updated counts.