

Please print, fill out, and mail.



Membership Application

Membership Level

- Basic Membership \$60 per year Supporting Member \$240 per year
 Family Membership \$100 per year Sponsor \$1000 per year

Contact Information

*First Name			
*Last Name			
*Street Address			
City	State	Zip Code	
Country			
*E-Mail Address			

Family Memberships: Please list family member's names

Spouse	
Children under the age of 18	
Name	
Name	
Name	
Name	
Name	
Name	

Sponsor Membership: If you wish this membership to be in your company name, please provide below

Name (printed)	
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Please make your checks out to County of Los Angeles Fire Museum Association
Mail to:
CLAFMA
9834 Flora Vista Street
Bellflower, CA 90706