Texas Association of First Responders

Application for Membership

Supporting law enforcement officers, fire fighters, emergency medical personnel, and their families

Last Name First Name M.I. D.O.B.

Street Address City State Zip

Mailing Address (If applicable)

Phone: (Day) _____ (Night) _____ (Cell) _____

Email Address _____

Membership: ☐ Annual Membership ($50.00) ☐ Life Time Membership ($250.00)

Applicant's Signature _____ Date _____

For office use only: Rec'd By: _____

Cash ___ Check ___ Chk#_____ Credit Card: MC Visa Amex

Acct# _____ Exp Date _____