



Great Lakes International Antique Fire Apparatus Assoc.

P.O. BOX 216, Metamora, MI 48455

(Great Lakes Chapter, SPAAMFAA, Inc.)

APPLICATION FOR MEMBERSHIP (from website)

APPLICATION FOR ORGANIZATION (Dues \$25.00 for 1 year, \$72.00 for 3 year )

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Name of your representative: \_\_\_\_\_

Address of your representative: \_\_\_\_\_

\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Does your organization own or operate a rig 25 year or older? \_\_\_\_\_

If so, please complete the apparatus information form on the second page.

APPLICATION FOR INDIVIDUALS (Dues \$15.00 for 1 year, \$42.00 for 3 years)

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Does your organization own or operate a rig 25 year or older? \_\_\_\_\_

If so, please complete the apparatus information form on the second page.

APPLICATION FOR FAMILIES (Dues \$20.00 for 1 year, \$57.00 for 3 years)

Your Name: \_\_\_\_\_

Your Spouse's Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Does your organization own or operate a rig 25 year or older? \_\_\_\_\_

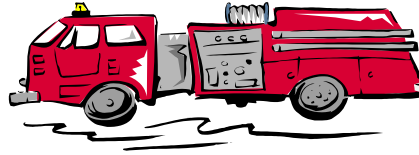
If so, please complete the apparatus information form on the second page.



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### APPLICATION FOR JUNIOR MEMBERSHIP

Dues \$15 for 3 years

(One T-shirt is included with membership)

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_

Adult or Guardian you attend with: \_\_\_\_\_

#### Your Parents or Family Members Information:

Check box if same address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Business phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

How did you become interested in the club?



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## APPARATUS INFORMATION SHEET

Make: \_\_\_\_\_ Year: \_\_\_\_\_

Type (pumper, aerial, etc): \_\_\_\_\_

Model: \_\_\_\_\_

Serial or Registration Number: \_\_\_\_\_

Has unit been restored: \_\_\_\_\_

Present Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Previous owners and /or brief history of the rig, if known:

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Total dues included with this application: \$ \_\_\_\_\_

Please make checks payable to GLIAFAA. (**NOTE: Canadian Members - All funds are to be in American Funds (from a US Bank), Money order payable on an American Account.**)

Sent to: GLIAFAA – Membership  
P.O. BOX 216, Metamora, MI 48455