



Great Lakes International Antique Fire Apparatus Assoc.

P.O. Box 183395 Utica MI 48318-3395

(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:

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 183395 Utica, MI 48318-3395