



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 \$35.00 for 1 year, \$102.00 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 \$25.00 for 1 year, \$72.00 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 \$30.00 for 1 year, \$87.00 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,  
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### APPLICATION FOR JUNIOR MEMBERSHIP

Dues \$25 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:

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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

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