

Wisconsin State Firefighters Association Membership Form

INDIVIDUAL MEMBER
2026-2027

A. Personal Information

Full Name

Email Address

Address Street

City

State

Zip Code

B. Department Information

Fire Department Served

Active Member

Retired Member

C. Payment Information

Check Enclosed With Application

Membership Dues are
\$30/member

Credit/Debit Card

A 4% convenience fee will be applied

Card Number

Date of Expiration

3-Digit Code

Billing Zip Code

DO YOU NEED A PAYMENT RECEIPT?

NO RECEIPT NEEDED

EMAIL RECEIPT TO ADDRESS ABOVE

MAIL RECEIPT TO ADDRESS ABOVE

Notes:

This renewal is for the 2026-2027 membership cycle.

**Membership cards are no longer sent.

