



PROUDLY SERVING THE ENTIRE CALIFORNIA FIRE SERVICE SINCE 1922

We want you as a member! The California State Firefighters' Association (CSFA) is the oldest and largest statewide fire association representing over 15,000 firefighters from all elements of fire service. As a member of CSFA you send a strong message to your colleagues that you support the fire service profession. By being a member, you guarantee that your profession is protected and honored for the value it brings to the quality of life of all Californians.

CSFA is committed to building a strong community for all firefighters'. We have been dedicated to delivering up-to-date information impacting the Fire Service throughout the state of California.

Take advantage of CSFA's exclusive member benefits including:

- 6 issues of The California Fire Service magazine keeping you up-to-date on fire service issues.
- 52 issues of CSFA Connection, our weekly email newsletter.
- Discounts on disability, health, dental, life, auto and homeowners insurance.
- Access to claim a \$10,000 accidental death and dismemberment insurance policy (to age 70). (Only Active, Retired and Life Members qualify for this member benefit.)
- Discounts on estate and financial planning.
- Free consultations with workers' compensation and retirement attorneys.
- Free on-line exposure reporting system.
- Low cost cutting-edge trainings with continuing education credits.
- Experience savings from CSFA lifestyle discount programs.

CSFA has worked at the state level since 1922 offering a strong voice with legislators who vote on benefits, working conditions and public safety issues. Your lobbyists are constantly on the watch to preserve and enhance your hard-earned benefits. Your professional interests are being served and protected as never before.

CSFA needs your support. We are entirely funded by the generous contributions and support from our members. We hope you will choose to continue to give us the honor of your membership and allow us to serve you.

MEMBERSHIP APPLICATION: Please return this portion with your dues.

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| Name: | Department or School: | |
| Address: | | |
| City: | State: | Zip code: |
| Phone: | Email: | |
| CSFA Member ID (Renewals Only) | Birth Date: | Retirement Date: |

Full Time Paid Seasonal Volunteer or Call

PLEASE CHECK THE MEMBERSHIP TYPE YOU WISH TO JOIN AT:

\$80.000 ACTIVE \$80.00 ASSOCIATE \$40.00 RETIRED \$40.00 STUDENT \$400.00 RETIRED LIFE
(ONE TIME FEE)

PAYMENT INFORMATION:

Check/Money Order Enclosed: Payable to CSFA
Credit Card: VISA MasterCard American Express

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| TOTAL AMOUNT ENCLOSED: | |
| Card Number: | Expires: |
| Name on Card: | Signature: |

CSFA: A STRONG AND UNITED VOICE

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