

**WESTMORELAND COUNTY FIREMAN'S ASSOCIATION
COMPANY MEMBERSHIP 2010-2011**

We, the members of _____
Westmoreland County, Pa. wish to become/continue as members of the Westmoreland County
Firemen's Association. The following are duly elected delegates of this organization.

Delegate Name _____

Delegate Name _____

***PLEASE NOTE: The Dues Year in this Association runs from the first of June of each year to the first of June of the following year. Any Company or Individual Member not having DUES PAID by the first of June is considered delinquent.**

Please fill in your Company mailing address:

Dept/Company Name

President's Name and Phone Number

Dept/Company Address

Secretary's Name and Phone Number

City/Boro and Zip Code

Dept/Company Phone Number

E-mail address

Chief's Name and Phone Number

**Mail to: James Buscaglio Fin. Sec.
522 Kettering Street
Greensburg, PA 15601**

No cash – check or money order only

_____ Company members @ \$3.00 per member* \$ _____
Company Dues at \$10.00 per year \$ _____
Total \$ _____

*A Westmoreland County Fireman's Association Individual Membership form must be completed for each applicant/member.

(For office use only)

Check No(s) _____

Total Amt Received _____

Date _____