



Monterey County Fire Training Officers Association
2642 Colonel Durham Street, Seaside, CA 93955
www.mcftoa.org

Membership Renewal / Application

Memberships are for up to one calendar year, beginning on January 1st (or at time of application) and expire on February 1st of the following year. For inquiries concerning membership, please contact the MCFTOA at mcftoa@gmail.com

ACTIVE MEMBERSHIP - \$75.00

Active members are any member of a paid or volunteer emergency services agency.

The initial Active Membership will be for the Agency and their Training Officer.

ADDITIONAL ACTIVE MEMBERS - \$25.00 Each

Each additional member of an agency meeting the criteria for an Active Membership shall pay dues of \$25.00 per member.

ASSOCIATE MEMBERSHIP - \$35.00 Each

Associate members include employees of Federal, State, City, and District agencies who are involved with emergency training services. This includes employees of private companies whose sole duties relate to fire prevention, fire suppression, or emergency medical care who do not qualify for active membership status. Associate members shall be approved by the Executive Board of the MCFTOA.

Retired members who previously qualified as an Active Member are eligible to maintain an Associate Membership and do not require Executive Board approval.

Please complete the attached membership application form and email it to mcftoa@gmail.com

To pay by Credit Card, select "Credit Card" on the application form, and a link for payment will be emailed to you

To pay by check, please mail checks made payable to "MCFTOA" to:
MCFTOA, 2642 Colonel Durham St, Seaside, CA 93955

Cash and Purchase Orders are not accepted



Membership Renewal / Application

Membership Level: Active (\$75) Associate (\$35)

Agency / Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

E-Mail: _____ Phone: _____

Additional Active Members (\$25 each):

Name: _____ Title: _____

E-Mail: _____ Phone: _____

Name: _____ Title: _____

E-Mail: _____ Phone: _____

Name: _____ Title: _____

E-Mail: _____ Phone: _____

Name: _____ Title: _____

E-Mail: _____ Phone: _____

Payment Method:

Credit Card (An invoice will be emailed to you)

Check (Check # _____) Amount Paid: _____