



Application for Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Division: _____ Shift: _____

FBCDSA Only: \$5 bi-weekly

TMPA + FBCDSA: \$14 semimonthly + \$5 bi-weekly

CLEAT + FBCDSA: \$15 semimonthly + \$5 bi-weekly

TMPA + CLEAT + FBCDSA: \$29 semimonthly + \$5 bi-weekly

(Note: Payroll deduction for TMPA and/or CLEAT requires FBCDSA membership)

Signature: _____ Date: _____

Areas of Interest for Committees / Fundraising (Check X)

Santa Behind the Badge

Golf Tournament:

Fishing Tournaments

School Supply Drive

BBQ/Cooking/Bake Sales

Communications

FBCDSA Foundation 501c(3)

Legislative Efforts

Boy Souts L.E. Explorers

Other Areas _____

Upon completion of this form, please email it to membership@fbcdsa.org