

MARYLAND STATE FIREMEN'S ASSOCIATION

Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel

www.msfa.org

2010 CREDENTIALS FORM

To the Secretary of the Maryland State Firemen's Association:

At a regular meeting of the _____, Inc.

of _____ County, Maryland, the delegates and alternates listed below were elected or appointed to represent the company at the next Annual Convention and Conference of the MSFA:

OFFICERS

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

Chaplain: _____ Chief: _____

DELEGATES

ALTERNATES

_____ Chair	_____
_____	_____
_____	_____
_____	_____
_____	_____

FULL corporate name of dept./co.: _____

Post Office Address: _____

Street Address if different from Post Office: _____

Business Phone Number: _____ Fax Phone Number: _____

E-Mail Address: _____ Web Site: _____

Membership Numbers of Each Type - Active: _____ Associate: _____ Life: _____ Retired: _____

In-Active: _____ Cadet: _____ Supportive: _____ Career: _____ Other: _____

Number of: Engines: _____ Aerials: _____ Tankers: _____ Squads: _____ Brush Units: _____

Boats: _____ Ambulances: _____ Medic Units: _____ Utilities: _____ Cars: _____ Other: _____

Year station was built: _____ Year of last remodeled: _____ Is station facility adequate? _____

Month elections are held: _____ Month new officers assume office: _____

Date department was organized: _____ Date department was chartered: _____

Date department joined M.S.F.A.: _____ Single station or multi-station: _____

Date: _____

Signature of officer completing report and title

Mail to: Joseph Cooper, Office of the Secretary, 22873 Dement Lane, California, MD 20619

Revised 01/20/2010