

SECFD MEMBERSHIP REGISTRATION FORM

Name _____
Street Address _____
City, State, Zip _____
Email Address: _____

Please remit to:
Southeast Community Fire Dept
PO Box 2155
Castalian Springs, TN 37031

Subscription Fee: \$50(____)
Additional tax deductible donation: \$50(____) \$100(____) \$250 (____) \$500 (____) other (____)

AMOUNT ENCLOSED: \$ _____

PLEASE RETAIN YOUR CANCELLED CHECK AS YOUR RECEIPT.

A receipt will be sent for donations of \$250 or more.

The Southeast Community Fire Department will use its best efforts to respond to a fire at this location based on distance and the availability of manpower and equipment.

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