



NEW MEXICO FIRE CHIEFS ASSOCIATION

Membership Application



Department Name: _____

or

Business Name: _____

Last Name: _____ First Name: _____ Mi _____

Mailing Address: _____

Street/City/Zip

Billing Address: _____

Street/City/Zip

Email: _____

Phone: _____ Fax: _____ Cell: _____

ANNUAL MEMBERSHIP DUES

- 2025-2026 Membership is effective from July 1st – June 30th upon receipt of payment.
- Invoice will be sent to the email address you provide above.
- Pay online with credit card or ACH transfer. *Login credentials will be issued once your application is processed.*
- Checks payable to NM Fire Chiefs Association or NMFCA.
- Purchase orders not accepted.
- For membership questions: Contact NMFCA Liaison Jackie Portillo at jportillo@nmml.org.

- ☐ **ENTITY MEMBERSHIP \$250.00:** Each municipality or county or the State of New Mexico or tribal government which owns or operates a fire department is eligible for representation by the Association.

INDIVIDUAL MEMBERSHIP included in entity. Any municipal, county, tribal, volunteer or contract employee, whose duties include the responsibility of management of a career, volunteer, or combination fire department, shall be eligible for individual membership in this Association (Fire Chief, Fire Marshal, and other Chief Officers with 2 to 5 Crossed Trumpets). Only one member in good standing from each entity shall have the right to vote on issues brought before the Association, hold office, or serve on the Board of Directors.

- ☐ **ASSOCIATE MEMBERSHIP \$250.00:** Any current or former municipal, county, tribal, volunteer or contract employee, or interested individual who has business or professional interests in fire and emergency services shall be eligible for associate or associate business membership in this association. **Additional individuals: \$10.00.**

Invoice #	Invoice Date	Payment Type <input type="checkbox"/> Check <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Discover	
Name on Card:			
Credit Card #:	Exp (mm/yy)	CVV	
Card Billing Address: (include City/State/Zip) – <i>if different from above.</i>			
Amt. Paid:	Pmt. Date:		

Signature (credit card only)

Complete this form and mail, email or fax to:

Membership – NM Municipal League
P.O. Box 846 • Santa Fe, NM 87504-0846
membership@nmml.org • Fax: 505-984-1392