



Application to serve as a District Representative for the GSFA

Name: _____

District: _____ Department: _____

Phone Number: Primary: _____

Secondary: _____

Email address: _____

Mailing Address:

I acknowledge that this is an important position to the Georgia State Firefighters Association and the fire service of Georgia. Please accept this as my display of interest to represent the Fire Service within my District and across the State of Georgia,

_____ signature _____ date

Print name: _____