



Florida Antique Bucket Brigade

Florida Chapter of SPAAMFAA (No.20) Membership Application

Name: _____
(Enter name of organization and contact person if applying as an organization.)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Email) _____

MEMBERSHIP INFORMATION: Individual: **\$15.00** Organization: **\$15.00:** Family: **\$17.00**
Save \$\$ by paying \$50 for a 5-year membership for Individual, Organization, or Family (two people).
(Family membership covers the member and spouse. Add another two dollars for each additional family member.)

Individual: _____ Organization: _____ Family*: _____

*(Spouse) _____ Additional names: _____

(The membership year is January 1st through December 31st. Dues accepted in October or later will apply to the next year.)

AREAS OF INTEREST (Please check all that apply.):

_____ Hand/Horse Apparatus _____ Vintage Fire Fighting Equipment _____ Badges
_____ Motorized Apparatus _____ Fire Museums _____ Patches
_____ Fire Photography _____ Fire Apparatus Models _____ Other (below)

SPAAMFAA INFORMATION: The Florida Antique Bucket Brigade is a regional chapter of the national Society for the Preservation of Antique Motor Fire Apparatus in America (SPAAMFAA). Founded in 1958, SPAAMFAA is an international, educational, historical, and non-profit society incorporated in the State of New York and registered with the New York State Board of Regents. The Society is dedicated to preserving, restoring, and operating the firefighting apparatus that is part of our history. Although national membership is not necessary for participation in the regional chapter, we strongly recommend our members become members of or maintain their membership in SPAAMFAA.

_____ SPAAMFAA Member _____ Not a member (send application)

Make check or money order payable to **Florida Antique Bucket Brigade** and remit dues with completed application to:

Florida Antique Bucket Brigade

Don Sgallata
282 Indian Point Circle
Kissimmee, Fla. 34746
FABBfire.org

APPARATUS INFORMATION:

For commercial chassis, please list chassis builder and fire body builder. Attach a continuation sheet if needed for multiple apparatus.

Year: _____ Builder/ Model/ Type/ Series: _____

Original City (if known) _____ Registration/Serial Number/Series _____

How did you hear about FABB? _____

Welcome! As soon as your application is processed, your membership package and next issue of The Leaky Bucket will be on the way.
***Note – apparatus ownership is NOT required for FABB membership.**