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# CALHOUN RURAL FIRE ASSOCIATION

103 East Main Street - Calhoun, MO 65323

-Non-Emergency Phone: 660-694-3355 - **EMERGENCY: 911-**

Fire Chief: *Clint Knecht*  
Phone: 660-525-0262

*calhounfire@calhounfire.*  
*www.calhounfire.com*

Asst. Fire Chief: *Richard Allen*  
Phone: 660-694-3361  
Alt. Phone: 660-351-1834

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## RURAL FIRE MEMBER CONTRACT

Sign Number: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### MEMBER INFORMATION

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ MO Zipcode: \_\_\_\_\_

Telephone #: (\_\_\_\_)- \_\_\_\_\_ - \_\_\_\_\_

### MEMBER INSURANCE INFORMATION

Insurance Company Name: \_\_\_\_\_

Agent Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ MO Zipcode: \_\_\_\_\_

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- TO BE FILLED OUT BY RURAL FIRE MEMBER MANAGEMENT -

Membership Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Annual Dues (If Applicable): \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of Payment: Cash \_\_\_ / Check \_\_\_ #: \_\_\_ / Other(specify): \_\_\_\_\_ / Rec. #: \_\_\_\_\_

Contract Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Contract End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Person Conducting Contract: (Print Name) \_\_\_\_\_ Affiliation: \_\_\_\_\_

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