

City of Coweta Rural Fire and Ambulance

Voluntary Membership

NAME: _____

ADDRESS: _____

MAILING ADDRESS (If Different): _____

PHONE NUMBER(S): _____

PAYMENT METHODS: **Annually** _____ **or Monthly** _____
 Residential **\$250.00** **\$22.50**
 Commercial **\$750.00** **\$64.17**

Signature

Date

Membership is effective one year after the date the payment is received. If you have any questions regarding the membership or the dues please contact (918) 486-2189. Thank you!

Customer Number: 01-_____

City of Coweta Clerk: _____