

**Fire Department Name:** \_\_\_\_\_

Fire Chief -	Name	Phone
	Address	Email
	Date of Organization	Date of Roster

**VFCA Roster for FY \_\_\_\_\_ (per 19-17-112(3), MCA)**

Members	Name of Firefighter	Officers Titles
<b>Officer Information</b>		
<b>Roll of Active and Members</b>		
<b>Honorary Members</b>		
<b>SIGNATURE</b>		<b>Date</b>