2024

Dunnegan Rural Fire Department Membership Subscription Service

Billing Name		Date	
Billing Address		**Phone Number**	
Billing State		**Email Address**	
Billing Zip		Contact	

Per ***Article IV: Membership Dues*** of the By-Laws of the Association, please list each property that you wish to submit for DRFD Association Membership. Dues are to be received by January 31st of each year; else a $25 per unit late fee will be assessed. New members signing up after Sept 1st of any calendar year will only be assessed $35 per unit for that calendar year. New members will be assessed a one-time $25 administrative fee (per member, not per unit). Regardless of listed units, each listed ***member*** will have one vote in any general election. Additional units will not add additional voting rights.

Location\Unit in which County		**Address\Location**	**Cost**
Each location is $75 annually			
Main Property □Polk □Cedar	√		$75
Additional NCP □Polk □Cedar	□		
Additional NCP □Polk □Cedar	□		
Additional NCP □Polk □Cedar	□		
Additional NCP □Polk □Cedar	□		
Additional NCP □Polk □Cedar	□		
Additional NCP □Polk □Cedar	□		
Additional NCP □Polk □Cedar	□		
Additional NCP □Polk □Cedar	□		
NCP=Non Contiguous Property		Subtotal	

Location\Unit in which County		**Address\Location**	**Cost**
Each occupied structure is $50 annually (Main Property Excluded)			
AOS □Polk □Cedar	□		
AOS □Polk □Cedar	□		
AOS □Polk □Cedar	□		
AOS □Polk □Cedar	□		
AOS □Polk □Cedar	□		
AOS □Polk □Cedar	□		
AOS □Polk □Cedar	□		
AOS □Polk □Cedar	□		
AOS= Additional Occupied Structure (Residential or Business)		Subtotal	
Late Fee	□		
		Total Due for Fire Subscription Service	

Dunnegan Rural Fire Department will ALWAYS respond to any emergency when toned, regardless of subscription status. Non Subscription service responses will be billed under RSMO 320.302. Subscriptions for properties outside of the Department boundaries will be evaluated on an individual basis. If DRFD responds to properties in other Fire Districts with mutual aid agreements, there will be no charge for the response.

I\We agree to the above and wish to enter into a subscription service for the calendar year of _____ for the above listed locations.

Name Title Signature Date