

Willow Springs Rural Fire Protection Association 2026 NEW MEMBERSHIP & RENEWAL NOTICE

Dear Resident,

The 2026 membership renewal campaign has begun and your address falls in our coverage area. Membership in the WSRFPA gives you the security of knowing that if you have an emergency at your registered property you will not receive a bill.

This past year we have sent bills averaging \$3000 for a call at a non-member residence. State law allows us to charge \$100 per call and \$500 per hour for that call.

Membership is \$50 per year. Your membership helps support your local fire department to provide equipment, training & personnel and helps them be prepared to respond to your emergency.

Please help support your local WSRFPA by paying your annual dues. You can do this by completing the portion below and returning it along with your payment of \$50 to:

WSRFPA PO BOX 342 Willow Springs, MO 65793

If you have any questions please contact us at wsrfpa@gmail.com.

Please note that in the past payments were accepted at Willow Springs City Hall, you will **no longer** be able to do this. You may make in-person payment at:

- **Willow Springs Chamber of Commerce** office located at 209 E Main St.
- **Willow Springs Community Foundation** office located at 127 E Main St.

TERMS AND CONDITIONS FOR MEMBERSHIP

- Rural fire membership is not an insurance policy.
- Membership is non-refundable.
- Membership is available for residents inside the Willow Springs School District boundaries
- You **MUST** notify the Willow Springs Rural Fire Board to transfer membership on a property.
- The Willow Springs Rural Fire Board reserves the right to bill directly the appropriate insurance provider for services rendered.
- Each dwelling unit requires a separate dues & registration.

Detach and return the below portion to WSRFPA PO Box 342 Willow Springs, MO 65793

Please return this form along with the \$50.00 annual fee by December 31 to:

WSRFPA PO Box 342, Willow Springs, MO 65793.

Make Checks Payable To: WSRFPA

Dues: \$50.00 annually

Contact Name: _____

Email Address: _____

Mailing Address: _____

Location Address: _____

(If different than mailing address.)

Contact Phone Number: _____

I have read and understand the above terms and conditions of the Willow Springs Rural Fire Protection Association.

Signature