

# Pierce City Rural Membership Form

Name: \_\_\_\_\_

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

Telephone/Cell \_\_\_\_\_  
(Phone number not required. It helps to have in an emergency)

Emergency Contact Name/Phone (If you are not home during an emergency)

\_\_\_\_\_

Number of Occupants    Adults \_\_\_\_\_ Children \_\_\_\_\_

\_\_\_\_\_ Check if you would like to be added to our email list to receive our information.

Email Address \_\_\_\_\_

Directions to Home (From a fire station or Pierce City)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail to: The Pierce Rural Fire Association  
P.O. Box 134  
Pierce City, MO, 65723