**Stringer Water Association members: ACCT #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check the appropriate box and sign name below.**

 **YES –** I agree to be billed $1.00 each month for the

 Stringer Volunteer Fire Department

 **NO –** I do not want to be billed $1.00 each month for the

 Stringer Volunteer Fire Department

 **–** I would prefer to give $\_\_\_\_\_\_\_ each month to

 Stringer Volunteer Fire Department

**SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_