

**ILLINOIS FIREFIGHTER'S ASSOCIATION, INC.**



P.O. Box 77 Glen Carbon, Illinois 62034 (618) 288-5215

**APPLICATION FOR MEMBERSHIP**

The \_\_\_\_\_ Fire Department / Fire Protection District, Illinois, Duly organized does hereby make application for membership in the Illinois Firefighter's Association, Inc., and agrees to abide by the Constitution and By Laws of said Association.

**Annual Fire Department Dues.....\$95.00**

**SAVINGS OPTION: 2 years dues: If dues are paid by February 1<sup>st</sup> of new year.....\$150.00\***

*\*The payment of 2 years dues is not available if dues are paid after the February 1<sup>st</sup> due date.*

Annual dues are due every year by February 1<sup>st</sup> of the current year in which dues are being paid and cover that fiscal year from January 1<sup>st</sup> through December 31<sup>st</sup>. Your Department dues payment includes one (1) subscription to the bi-monthly Illinois Firefighter's Association publication – "The Bulletin"

Enclosed are the fees and dues for one or two years as prescribed in the Constitution and By Laws

Chiefs Name: \_\_\_\_\_  
Chiefs Email Address \_\_\_\_\_  
Chiefs Address: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Department Secretary \_\_\_\_\_  
Secretary Email Address \_\_\_\_\_  
Secretary Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

***All IFA Mailings should be sent to:***

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State / Zip \_\_\_\_\_

***PLEASE INCLUDE THE FOLLOWING REQUIRED INFORMATION WITH YOUR MEMBERSHIP PAYMENT***

Number of Personnel: Volunteer \_\_\_\_\_ Paid on Call \_\_\_\_\_ Paid \_\_\_\_\_  
Population Served: \_\_\_\_\_  
Fire Department Email Address \_\_\_\_\_  
Contact Email Address \_\_\_\_\_  
Fire Department Website Address \_\_\_\_\_ WWW. \_\_\_\_\_

***New Membership Fee: \$ 15.00***

***Annual Dues: (1 year) \$ 95.00 OR (2 years) \$ 150.00***

**TOTAL ENCLOSED: \$ \_\_\_\_\_**

*Please make checks payable to: Illinois Firefighter's Association, Inc.*

**Mail dues & form to address in letterhead above**

\_\_\_\_\_  
Department Representative Signature

\_\_\_\_\_  
Date

**Member of the Illinois Fire Services Association**