



ILLINOIS PROFESSIONAL
FIREFIGHTERS ASSOCIATION

188 Industrial Drive, Suite 18-A
Elmhurst, IL 60126-1609
Phone: 630-833-2405
Fax: 630-833-2412
www.ipfaonline.org



APPLICATION FOR ASSOCIATE MEMBERSHIP

I, _____, hereby apply for associate membership in the Illinois Professional Firefighters Association, and further, do agree to abide by the Constitution and By-Laws of said Association.

(please type or print)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Department or Firm: _____

Type of Business: _____

Rank or Title: _____

Work Phone: _____ - _____ - _____ Home Phone: _____ - _____ - _____

Date of Birth: ____ - ____ - ____ Sex: _____

Marital Status: _____ Spouses Name: _____

Applicant's Signature: _____ Date: ____ - ____ - ____

____ Annual Dues - \$50.00

____ Lapel Pin - \$ 4.50

____ Tie Clasp - \$ 4.50

____ Extra Decal- n/c

THANK YOU FOR YOUR ASSOCIATE MEMBERSHIP IN I.P.F.A.

Member Number: _____

Dept. Code: _____