



**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 MEMBERSHIP**

I, \_\_\_\_\_, hereby apply for 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)

Rank & Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fire Department Name: \_\_\_\_\_

Station Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fire Service Entry Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Active: \_\_\_\_\_ Retired: \_\_\_\_\_ Duty Disabled: \_\_\_\_\_ Non-Duty Disabled: \_\_\_\_\_

Retirement/Disability Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_ Annual Dues - \$50.00  
\_\_\_\_ Retired Dues - \$25.00  
\_\_\_\_ Disabled Dues - \$25.00

\_\_\_\_ Lapel Pin - \$4.50  
\_\_\_\_ Tie Clasp - \$4.50  
\_\_\_\_ Extra Decal - n/c

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

Member Number: \_\_\_\_\_

Dept. Code: \_\_\_\_\_