



IAFC AFFILIATE MEMBERSHIP APPLICATION

**Four Easy
Ways to Join**

Online: www.iafc.org/join
By Phone: (866) 385-9110
By Fax: (703) 273-9363

By Mail: CL500039
PO Box 5007
Merrifield, VA 22116-5007

When joining, please give code: **14APP**

Name _____

Title/Position _____

Department/Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Is the above address: Home Department

Primary Email _____

Daytime Phone _____ Home / Cell Phone _____
(Circle choice)

**TO HELP US SERVE YOU BETTER,
PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- | | | |
|---|--|--|
| Department Type | Population Served | Federal/Military Branch |
| <input type="checkbox"/> Career | <input type="checkbox"/> 0 - 9,999 | <input type="checkbox"/> Air Force |
| <input type="checkbox"/> Combination | <input type="checkbox"/> 10,000 - 49,999 | <input type="checkbox"/> Army |
| <input type="checkbox"/> Federal/Military | <input type="checkbox"/> 50,000 - 99,999 | <input type="checkbox"/> Bureau of Land Mgmt |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> 100,000 - 199,999 | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> 200,000 and up | <input type="checkbox"/> Defense Logistics |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Marine Corps |
| | | <input type="checkbox"/> Navy |
| | | <input type="checkbox"/> Veterans Affairs |
| | | <input type="checkbox"/> Other: _____ |

Your response to the following is optional.
The data will be used for statistical purposes only.

- | | | |
|---------------------------------|-------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> African American |
| | | <input type="checkbox"/> Asian/Pacific Islander |
| | | <input type="checkbox"/> Caucasian |
| Year of Birth (YYYY): | | <input type="checkbox"/> Hispanic |
| _____ | | <input type="checkbox"/> Native American |
| | | <input type="checkbox"/> Other: _____ |

Were you referred by an IAFC Member?

Member's Name _____ IAFC Member ID _____

Questions?
Call toll free 866-385-9110
or email membership@iafc.org

AFFILIATE MEMBER

Members of a fire department or emergency medical services agency (e.g. captain, lieutenant, firefighter, paramedic, code official, mechanic, administrative staff and officers) who are not chief officers.

IAFC DUES

- Select one.
- Eastern (DC, DE, MD, NJ, NY, PA) \$95.00
 - Great Lakes (IL, IN, MI, MN, OH, WI) \$95.00
 - Missouri Valley (CO, IA, KS, MO, NE, ND, SD, WY) \$95.00
 - New England (CT, ME, MA, NH, RI, VT) \$95.00
 - Southeastern (AL, FL, GA, KY, MS, NC, SC, TN, VA, WV, Puerto Rico and Virgin Islands) \$95.00
 - Southwestern (AR, LA, NM, OK, TX) \$95.00
 - Western (AK, AZ, CA, HI, ID, MT, NV, OR, UT, WA and Pacific Territories) \$95.00
 - Federal/Military Employees (No Division Required) \$75.00
If you want a Division membership, simply check the appropriate Division above.

SECTION DUES

- Optional, join any or all sections as an IAFC Member.
- Emergency Vehicle Management \$25.00
 - EMS \$25.00
 - Executive Fire Officers \$25.00
 - Federal and Military Fire Services \$20.00
 - Fire and Life Safety \$25.00
 - Industrial Fire and Safety \$25.00
 - Safety, Health and Survival \$25.00
 - Volunteer and Combination Officers \$25.00

IAFC DUES (in U.S. Dollars) \$ _____

SECTION DUES (in U.S. Dollars) \$ _____

DONATE TO IAFC FOUNDATION SCHOLARSHIPS (OPTIONAL)

\$10 \$15 \$20 \$25 Other \$ _____

TOTAL (in U.S. Dollars) \$ _____

PAYMENT METHOD (in U.S. Dollars) Check (payable to IAFC)

Charge to: American Express MasterCard Visa

Card Number _____ Exp. Date _____

Print Name On Card _____ Ph# for Card Holder _____

Signature of Card Holder _____