

2024 IFA Department Enrollment Form

Membership Term: January 1, 2024 to December 31, 2024

Renewal Steps: Review & highlight any additions or changes to your department's enclosed roster. **Please be sure to add member email addresses**. Please see the enclosed blank enrollment form to list NEW members' names in alphabetical order.

DEPARTMENT NAME:		
DEPARTMENT POSTAL ADDRESS:		
	\$17.00 FOR EACH MEMBER lowa Firefighter newspaper with their membership.	
OUR DEPARTMENT HAS MEMBEI	RS @ \$17.00 EACH =	
Dues payable by check or credit card (form enclosed) to the: IFA, PO Box 10, Milford, NE 68405 Please include updated roster with payment		
Primary Contact:Em	iail Address:	
Primary Contact: The primary contact will be sent an email to set up a username and password to login to the department portal. In the portal, the primary contact will be able to update member addresses and phone numbers, as well as register members for IFA events.		
Department Chief:	Department Secretary:	
Name:	Name:	
Postal Address: City: State: 7io:	Postal Address:	
City: State: Zip: Phone:	City:State:Zip:	
Email:	Phone: Email:	

IMPORTANT DETAILS FOR IFA ENROLLMENT

Grace Period: IFA memberships are renewable beginning October 1, 2023. IF MEMBERSHIPS ARE NOT RENEWED by January 31, 2024, the member benefits and the newspaper will discontinue until memberships are renewed.

Mutual Aid: Members who wish to join the Mutual Aid Department for a \$500 death benefit must fill out a Mutual Aid application form. Membership in the Mutual Aid Department shall be limited to members in good standing with the IFA whose age does not exceed 40 years upon the date of application, and who are then in good health, both of which facts must be verified in writing by two members of the IFA or by Chief or Secretary of the applicant's local fire department. Mutual Aid membership dues are \$10 for each member per year.

lowa Firefighters Association

521 First St, PO Box 10 Milford, Nebraska 68405

Office Telephone: (402) 326-4347 Fax: (402) 761.2224

Email: ifaoffice@iafireassn.org **Web:** www.iowafirefightersassociation.com

New Department Paid IFA Memberships

PLEASE PRINT NEW MEMBER INFORMATION BELOW:

Name:			
Postal Address:			
City:	State:	Zip:	
Phone:			
Email:			
Name:			
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City:	State:	Zip:	
Phone:			
Email:			
Name:			
Postal Address:			
City:	State:	Zip:	
Phone:			
Email:			
Name:			
Postal Address:			
City:	State:	Zip:	
Phone:			
Email:			

You are welcome to copy this page for additional members & mail with your application to the address below with check or credit card payment:

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