



2021 IFA Associate Membership

Membership Term: January 1, 2021 to December 31, 2021

Please type or print:

First Name: _____ M.I. _____

Last Name: _____

Mailing address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____

E-Mail Address: _____

Have you ever been a member of the Association before? Yes _____ No _____

I hereby apply for membership in the Iowa Firefighters Association and herewith tender the sum of \$13.00 in the payment of dues for the current year. Dues are \$13.00 per year, per member. The amount of the annual dues of this Association can only be set or changed by the delegates at the Mid Year Business Meeting of the Association.

Applicant's signature: _____

Date of Application: ____ / ____ / ____

Amount Enclosed: \$ _____

Iowa Firefighters Association

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