

**Please Help By Following These Instructions**  
(Additional instruction are provided on the back of this page)

Place a check mark in the boxes to the left of this form as you complete each item.

- Fill in the **Department** information on this form.
- Make address corrections** on the computer printout.
- Cross Out members** that are not paying dues. (no Magic Marker)
- Complete a new membership form for **new members**.
- Complete a new membership form for **Beneficiary Changes**.
- Count accurately** the number of members paying dues.
- Calculate** the correct \$ amount due at the bottom of this form.
- Return** this form with your payment. (**we can not process without payment**)
- Return** the corrected copies of the computer print out.
- Return the Original** copy of the membership forms.
- Include a **Check** payable to the IVFA for **membership dues only**.
- Return** all paperwork to the IVFA Office.

**2026**  
Late After 7/31/2026

**IVFA Office**  
P.O. Box 4797  
Evansville, IN 47724  
877-606-IVFA (4832)

IVFA Department # \_\_\_\_\_ Fire Dept **E-Mail** Address \_\_\_\_\_

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

Fire Department **Mailing** Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Township \_\_\_\_\_

Fire Department **Physical** Address (if Different From Above) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Township \_\_\_\_\_

Fire Dept Office Phone \_\_\_\_\_ Meeting Day \_\_\_\_\_ Time \_\_\_\_\_

Type of Department:  Volunteer  Combination  Career  Number of Career Firefighters \_\_\_\_\_

Chief's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secretary's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Treasurer's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Department is paying dues for the following:**

_____ Number of Active Members	\$20.00 Each = _____
_____ Number of Associate Member	\$25.00 Each = _____
_____ Individual Member (NOT A MEMBER OF A FIRE DEPT)	\$20.00 Each = _____
_____ Number of IVFA Past Presidents	<u>No Charge</u>
_____ Number of <b>Active</b> Military Leave	<u>No Charge</u>
_____ Number of Life (50 Years of Fire Service)	<u>No Charge</u>

**Amount Due (Payable to IVFA) \$ \_\_\_\_\_**

Date Completed \_\_\_\_\_ Completed By \_\_\_\_\_

**PAYMENT WILL BE RETURNED UNLESS THIS ORIGINAL COLORED FORM AND CORRECTED MEMBERSHIP ROSTER ARE FORWARDED WITH PAYMENT PLEASE SEE OTHER SIDE FOR ADDITIONAL INFORMATION**