

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.

2022
Late After 7/31/22

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 Volunteers _____ Number of Paid _____

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 \$20.00 Each = _____
(NOT A MEMBER OF A FIRE DEPT)
- _____ Number of IVFA Past Presidents No Charge
- _____ Number of **Active** Military Leave No Charge
- _____ Number of Life (50 Years of Fire Service) No Charge

Amount Due (Payable to IVFA) \$ _____

Date Completed _____ Completed By _____

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