

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

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.

2023

Late After 7/31/23

**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**