

# INDIANA VOLUNTEER FIREFIGHTER'S ASSOCIATION – MEMBERSHIP ENROLLMENT FORM

<b>CHECK ONE BOX</b>			<b>CHECK ONE MEMBER DESIRED BOX</b>	
<input type="checkbox"/> New Member	<input type="checkbox"/> Beneficiary Change	<input type="checkbox"/> Miscellaneous Changes	<input type="checkbox"/> Active	<input type="checkbox"/> Armed Services
<input type="checkbox"/> Transfer From Another Dept.			<input type="checkbox"/> Individual	<input type="checkbox"/> IVFA Past President
Old Department _____	City _____	IVFA # _____	<input type="checkbox"/> Associate	<input type="checkbox"/> 50 yr. Life Member
New Department _____	City _____			

*Complete all items / please print or type clearly!*

<b>Department Information</b>	
IVFA Department # _____	District # _____ PR Area # _____ County/Department # _____ - _____
Department Name _____	City _____

<b>Member Information</b>	
Members Name _____, _____, _____	Birth Date ____ - ____ - ____
Last Name	First Middle
Mailing Address _____	Email _____
City _____	State _____ Zip _____ County _____
Telephone ____ / ____ - ____	Driver License # _____ Year Entered Fire Service _____

<b>Beneficiary Information (No Beneficiaries Under 18 Years of Age)</b>	
#1 Name _____	Relationship _____ #2 Name _____ Relationship _____

Signature _____	Date ____ / ____ / ____
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