



IAFC Membership Application - DEPARTMENTAL - For departments serving under 10,000

Please print legibly.

Main contact name: _____ Title: _____

Department: _____

Address: _____

City: _____ State: _____ Zip: _____ This address is: Home Dept.

Primary phone: _____

Primary email (required): _____

Optional second user name and email: _____

Optional third user name and email: _____

Department Type (circle one): Career – Volunteer – Combo – Federal/Military – Industrial – Other: _____

IAFC Membership Dues (includes division dues):

Canadian (eligible only if CAFC member)	\$199
Eastern (DC, DE, MD, NJ, NY, PA)	\$209
Great Lakes (IL, IN, MI, MN, OH, WI)	\$209
International (Outside U.S. and Non-CAFC)	\$222
Missouri Valley (CO, IA, KS, MO, NE, ND, SD, WY)	\$209
New England (CT, ME, MA, NH, RI, VT)	\$224
Southeastern (AL, FL, GA, KY, MS, NC, SC, TN, VA, WV, Puerto Rico, US Virgin Islands)	\$219
Southwestern (AR, LA, NM, OK, TX)	\$214
Western (AK, AZ, CA, HI, ID, MT, NV, OR, UT, WA, Pacific Territories)	\$254
Federal/Military Employees (Division Optional).	\$189

SUB TOTAL (in U.S. Dollars).....	\$ _____
Plus Section(s) (optional)..... VCOS included	\$ _____
Plus one-time new member processing fee.....	\$25
GRAND TOTAL	\$ _____
PAYMENT METHOD: <input type="checkbox"/> INVOICE ME (mail or email? - circle one)	
<input type="checkbox"/> Check (payable to IAFC) <input type="checkbox"/> AmEx <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Card # _____	Exp. _____
Print name on card _____	
Ph. # of cardholder _____	
Signature of cardholder _____	

Add an IAFC Section (optional):

Learn more at IAFC.org/sections. **VCOS included for first year.**

	Company Officers	\$25
	Emergency Vehicle Management	\$25
	EMS	\$25
	Executive Fire Officers	\$25
	Federal & Military Fire Services	\$20
	Fire & Life Safety	\$25
	Industrial Fire & Safety	\$25
	Safety, Health & Survival	\$25
X	Volunteer & Combination Officers (VCOS)	\$25

HOW TO JOIN

Online: www.IAFC.org/join.

By email: Email this completed application to membership@iafc.org.

By fax: 866-316-7702

By mail: Mail this application with your payment to:

CL500039 – PO Box 5007, Merrifield, VA 22116-5007.

By phone: Toll free 866-385-9110 – Ask for Member Services.

Monday thru Friday, 9am to 5pm Eastern Time

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