



IAFC Membership Application – **SMALL COMMUNITY** – For departments serving under 10,000

Please print legibly.

Main contact name: _____ Title: _____

Department: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ This address is: ☐ Home ☐ Dept.

Country: _____ Primary phone: _____

Primary email (required): _____

Optional second username and email: _____

Optional third username and email: _____

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

Special First-Year Dues (includes division dues)

<input type="checkbox"/>	Canadian (eligible only if CAFC member)	\$205
<input type="checkbox"/>	Eastern (DC, DE, MD, NJ, NY, PA)	\$215
<input type="checkbox"/>	Great Lakes (IL, IN, MI, MN, OH, WI)	\$215
<input type="checkbox"/>	International (Outside U.S. and Non-CAFC)	\$228
<input type="checkbox"/>	Missouri Valley (CO, IA, KS, MO, NE, ND, SD, WY)	\$215
<input type="checkbox"/>	New England (CT, ME, MA, NH, RI, VT)	\$230
<input type="checkbox"/>	Southeastern (AL, FL, GA, KY, MS, NC, SC, TN, VA, WV, Puerto Rico, US Virgin Islands)	\$225
<input type="checkbox"/>	Southwestern (AR, LA, NM, OK, TX)	\$220
<input type="checkbox"/>	Western (AK, AZ, CA, HI, ID, MT, NV, OR, UT, WA, Pacific Territories)	\$260
<input type="checkbox"/>	Federal/Military Employees (Division Optional).	\$195

Add an IAFC Section (optional)

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

<input type="checkbox"/>	Company Officers	\$25
<input type="checkbox"/>	Emergency Vehicle Management	\$25
<input type="checkbox"/>	EMS	\$25
<input type="checkbox"/>	Executive Fire Officers	\$25
<input type="checkbox"/>	Federal & Military Fire Services	\$25
<input type="checkbox"/>	Fire & Life Safety	\$25
<input type="checkbox"/>	Industrial Fire & Safety	\$25
<input type="checkbox"/>	Safety, Health & Survival	\$25
<input checked="" type="checkbox"/>	Volunteer & Combination Officers (VCOS)	\$30

SUB TOTAL (in U.S. Dollars) \$ _____

Plus, Section(s) (optional)..... **VCOS included** \$ _____

Plus, one-time new member processing fee..... **\$25**

GRAND TOTAL including fee..... \$ _____

PAYMENT METHOD: ☐ **INVOICE ME** (mail or email? - circle one)

☐ Check (payable to IAFC) ☐ AmEx ☐ MasterCard ☐ Visa

Card # _____ Exp. _____

If paying by credit card, use phone or fax. Do not email.

Print name on card _____

Ph. # of cardholder _____

Signature of cardholder _____

HOW TO JOIN

Online: Not available online.

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

By fax: 866-316-7702

By mail: Mail this application with your payment to:

IAFC Lockbox #791544; PO Box 791544, Baltimore, MD 21279-1544

By phone: Toll free 866-385-9110 – Ask for Member Services. Monday thru Friday, 9 AM to 5 PM Eastern Time.

Reference: 22App