



# 2024 IFA Associate Membership

Membership Term: January 1, 2024 to December 31, 2024

**Please type or print:**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Have you ever been a member of the Association before? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby apply for membership in the Iowa Firefighters Association and herewith tender the sum of \$17.00 in the payment of dues for the current year. Dues are \$17.00 per year, per member. The amount of the annual dues of this Association can only be set or changed by the delegates at the Mid Year Business Meeting of the Association.

Applicant's signature: \_\_\_\_\_

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

## Iowa Firefighters Association

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**Email:** ifaoffice@iafireassn.org **Web:** www.iowafirefightersassociation.com