

SOUTH CENTRAL REGION

REGION OF THE INTERNATIONAL ASSOCIATION OF BLACK PROFESSIONAL FIRE FIGHTERS

2021 SCR IABPFF CHAPTER DUES SUBMITTAL FORM

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Treasurer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Number \_\_\_\_\_\_\_\_\_ Roster Date: Number of Members: \_\_\_\_\_\_\_\_\_\_\_\_

DUES AMOUNT SUBMITTED (make check payable to SCR)

1. IABPFF National Chapter Assessment:  **$100.00**

2. IABPFF Dues: $47.00 x (# of members) $\_\_\_\_\_\_\_\_\_

3. Foundation Fund Dues: $3.00 x \_\_\_\_\_\_ (# of members) $\_\_\_\_\_\_\_\_\_

4. Late Fees (after March 1st) 10% x line 2 $\_\_\_\_\_\_\_\_\_

5. SCR Chapter dues: **$145.00\_**

6. Total Amount Paid (add lines 1 thru 5) $\_\_\_\_\_\_\_\_\_

**Submit dues payment & form to:**

**SCR Treasurer**

**Sharon Branch**

**PO Box 60352**

**Houston, TX 77205**

**For Regional Treasurer Use Only**

Line 6, total amount submitted $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deduct line 5 **$\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_subtract

Deduct 25 % of line 2 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_subtract

Submit balance with paperwork to IABPFF Treasurer $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IABPFF Treasurer Gwendolyn Sistare PO Box 91104 Washington, DC 20090