

NORTH EAST REGION

REGION OF THE INTERNATIONAL ASSOCIATION OF BLACK PROFESSIONAL FIRE FIGHTERS

2021 NER 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 NER)

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. NER Chapter dues **$100.00\_**

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

**Submit dues payment & form to:**

**NER Treasurer**

**Alton Dickson**

**214 New St**

**Orange, NJ 07050**

**For Regional Treasurer Use Only**

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

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

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

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

**IABPFF Treasurer Gwendolyn Sistare**

**PO Box 91104 Washington, DC 20090**