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| --- | --- | --- |
|  | ***FROM THE TREASURER DESK*** |  |
| vulcan_color | **International Association of****Black Professional Fire Fighters, Inc.** | vulcan_color |
|  | **Gwendolyn Sistare****202-650-4119** **gsistare@iabpf.org** |  |

$300.00 (PRINT ONLY) $300.00

LIFETIME MEMBERSHIP APPLICATION

Name

Rank Sex [ ] Male [ ] Female

Date of Appointment: Date of Retirement: DOB:

Cell Phone Region:

Chapter

Home Address

City State Zip

Email

# Make payment payable to the IABPFF.

**OFFICES HELD**

Chapter

Region

International

Applicant’s Signature Date

Chapter President’s Signature Date:

Regional Director’s Signature Date:

# Send completed application with payment of $300.00 to: IABPFF Treasurer

**PO Box 91104**

**Washington, DC 20090**

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