

2023 SER IABPFF CHAPTER DUES SUBMITTAL FORM

REGION OF THE INTERNATIONAL ASSOCIATION

OF BLACK PROFESSIONAL FIRE FIGHTERS, INC

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dues are due on January 1, 2023**

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

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

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

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

DUES AMOUNT SUBMITTED **(make check payable to SER)**

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 January 1st) 10% x line 2**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. SER Chapter dues; $20.00 x \_\_\_\_\_\_\_\_ (# of members) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Submit dues payment, excel spreadsheet roster, and form to:**

**SER Treasurer David Brooks**

**4402 James Ln, Chattanooga, TN 37416**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_