

2024 NER IABPFF CHAPTER DUES SUBMITTAL FORM

**REGION OF THE INTERNATIONAL ASSOCIATION**

**OF BLACK PROFESSIONAL FIRE FIGHTERS, INC.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dues are due on January 1, 2024**

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 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:**  **$ \_200.00\_\_**

6.TotalAmountPaid(addlines1thru5) **$ \_\_\_\_\_\_\_\_**

**Submit dues payment & form to:**

**NER Treasurer,** Tracey Brodnax

229 South Clinton St Apt.# 1

Orange, NJ 07018

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