

**INTERNATIONAL ASSOCATION OF BLACK**

**PROFESSIONAL FIRE FIGHTERS, INC.**

**NER**

**\*\*\*\*2024 Individuals $90.00 Dues\*\*\*\***

I hereby make application for membership in the INTERNATIONAL ASSOCIATION OF BLACK PROFESSIONAL FIRE FIGHTERS in accordance with its constitution and by-laws and agree to be bound therewith.

 **(*Please type or print legibly*)**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX M [ ] F [ ]

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF FIRE DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RANK **(no abbreviations):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE HIRED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(Signature*)**

IABPFF dues **$47.00**

IABPFF Foundation Fund **$ 3.00**

**NER dues $40.00**

 Total amounted submitted **$90.00**

M**AIL COMPLETED FORM AND PAYMENT TO:**

NER Treasurer, Tracey Brodnax, 229 South Clinton St Apt.# 1, Orange, NJ 07018

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

## FOR REGIONAL TREASURER USE ONLY

REGIONAL REBATE: $ \_\_\_\_\_\_\_\_\_\_\_ IABPFF AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_ DATE ACCEPTED: \_\_\_\_\_\_\_\_\_

COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEBSITE: IABPF.ORG**

MEMBER JOINT COUNCIL OF NATIONAL FIRE SERVICE ORGANIZATION AND NATIONAL QUALIFICATION BOARDNATIONAL ASSOCIATION FOR THE ADVACEMENT OF COLORED PEOPLE