

NORTH CENTRAL REGION

REGION OF THE INTERNATIONAL ASSOCIATION OF BLACK PROFESSIONAL FIRE FIGHTERS

2021 NCR 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 NCR)

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. NCR Chapter dues **$ 400.00\_**

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

**Submit dues payment & form to:**

**NCR Treasurer**

**Brian Arnold**

**PO Box 91907**

**Cleveland, OH 44101**

**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**