



**FROM THE TREASURER DESK**

# **International Association of Black Professional Fire Fighters**



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**\$250.00 (PRINT ONLY) \$250.00**

## **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: \_\_\_\_\_

**The annual lifetime membership fee of \$25.00 is due January 1<sup>st</sup> of each year.** \_\_\_\_\_

Initial Here

**Send completed application with payment of \$250.00 to:**  
**IABPFF Treasurer**  
**PO Box 91104**  
**Washington, DC 20090**

**WWW.IABPF.ORG**