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**INTERNATIONAL ASSOCATION OF BLACK**

**PROFESSIONAL FIRE FIGHTERS**

**NCR**

**\*\*\*\*2023 Individual $ 90.00 DUES\*\*\*\***

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

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

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

MEMBERS MAILING ADDRESS; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

SIGNATURES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature*)

IABPFF Dues $47.00

IABPFF Foundation Fund $ 3.00

NCR Dues $40.00

Total amounted submitted $90.00

**Make payment to NCR and mail to:**

**NCR Treasurer, Brian Arnold**

**PO Box 91907, Cleveland, OH 44101**

**For Regional Treasurer Use Only**

Total amount submitted $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deduct SCR Dues$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**subtract**

Deduct 25 % of line 2 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**subtract**

Submit balance to IABPFF Treasurer $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEBSITE: IABPF.ORG.

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