

2024 SCR 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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DUES AMOUNT SUBMITTED **(make check payable to SCR)**

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. SCR Chapter dues; $30.00 x \_\_\_\_\_\_\_\_ (# of members) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Submit dues payment, excel spreadsheet roster, and form to:**

SCR Regional Treasurer, Sharon Branch

PO Box 60352. Houston, TX 77205

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

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