2025 SCR IABPFF CHAPTER DUES SUBMITTAL FORM

**Dues are due on January 1, 2025**



REGION OF THE INTERNATIONAL ASSOCIATION OF

BLACK PROFESSIONAL FIRE FIGHTERS, INC

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

President's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter Number: \_\_\_\_\_\_\_\_\_\_\_ Roster Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Members: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DUES AMOUNT SUBMITTED**

**1. IABPFF National Chapter Assessment: $ \_\_\_\_100\_\_\_\_\_**

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) $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**(make check payable to SCR)**

**Submit dues payment, roster excel format, and this form to:**

Sharon Branch, SCR Regional Treasurer

7816 Summer Place Drive, Humble, Texas 77338

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