



IFAMA

**Illinois Fire Apparatus
Mechanics Association**

Membership Form

www.ifama.net

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____

Members Email: _____

Additional Email: _____

All confirmations and correspondences will be sent via email.

Company or Department: _____

Chief or Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____

Fax # _____

Annual Membership Dues (October 1-September 30) \$40.00

Check # _____

PO# _____

Remit to: **IFAMA** Make checks payable to: IFAMA
P.O. Box 505
Lemont, IL. 60439-9998

IFAMA USE ONLY

Received: _____

Entered: _____

Confirmed: _____