



# IFAMA

**Illinois Fire Apparatus  
Mechanics Association**

**Membership Form**

**[www.ifama.net](http://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) \$100.00

Check # \_\_\_\_\_

PO# \_\_\_\_\_

Remit to: **IFAMA**  
**P.O. Box 156**  
**Sycamore, IL 60178**

Make checks payable to: IFAMA

**IFAMA USE ONLY**

Received: \_\_\_\_\_

Entered: \_\_\_\_\_

Confirmed: \_\_\_\_\_