IAFF MOTORCYCLE GROUP

Associate Membership Application and Dues Payment Form

Thank you for your continued support and participation!

Name ____________________________________________________________

IAFF-MG Sponsor __________________________________________________

Sponsor’s IAFF-MG Number____________________________________________

Home Address ______________________________________________________

City/State/Zip ______________________________________________________

Country __________________________________________________________

Home Phone ______________________  Cell Phone________________________

Email Address ______________________________________________________

Local________________________District ______________________________

Individual Membership Payment:  

✓ $25 for one year  
✓ $50 for two years

State or Local Chapter Members:  

✓ $12.50 for one year  
✓ $25 for two years

Life Members:  

✓ $25 for one year  
✓ $50 for two years

Life Associate Members:  

✓ $12.50 for one year  
✓ $25 for two years

(U.S. or Canadian equivalent based on current exchange rate)

✓ Check

Make checks payable to “IAFF-MG”

✓ Money Order

✓ Visa  ✓ MasterCard

Card Number: ______________________________________________________

Name on Card: _____________________________________________________

Expiration: ________________________________________________________

Signature: __________________________________________________________

SUBMIT TO: IAFF-MG

Paying by Check: Mail your completed payment form with check to IAFF-MG, 1750 New York Avenue, NW, Washington, DC 20006-3595

Paying by Credit Card: Email or fax your completed payment form to IAFF-MG National Coordinator Michael J. Crouse at mcrouse@iaff.org, (202) 842-7551 or by calling IAFF Accounts Receivable Department at (202) 737-8484.