

Memberships should be renewed annually to maintain your member status.

Renewals are due by May 15th of each year.

IFSAP
 EIN# 83-0464998

IRS Form W-9 is available, contact the IFSAP Treasurer



Illinois Fire Service Administrative Professionals Active, Associate or Retired Members

Membership Application
 Membership payments are due by May 15th of each year.

An Active Member shall be defined as Illinois Fire Service Support Staff and related positions of regularly organized public, governmental and private industrial fire departments.

An Associate membership shall be extended to the administrative personnel employed by all other fire service organizations, out-of-state fire departments or to those employed by a recognized Illinois fire service academy/school.

A Retired Member shall be defined as any person who has been an Active Member for 10 years or more, in good standing upon retirement from the fire service.

Mission Statement:

The Illinois Fire Service Administrative Professionals is dedicated to professional growth through education and information sharing of current issues and emerging trends in order to elevate the value of administrative services to those we support.

Committee Interest

Is there a Committee that you would like to assist with? Please check which one(s).

Administrative

Executive Support Program

Fund Raising

Professional Program
 (Includes: Conference Awards Luncheon Seminars)

Public Relations

Please visit our www.ifsap.org website for more information on committee responsibilities found in the Policy & Procedures section.

Please Check One: **New Member** _____ **Renewal** _____

Number of years in the Fire Service _____

Membership Type	Fire Department Budget	Fee per member	Check One
Active Member	\$500,000 and under	\$25	
Active Member	\$500,001 - 1,000,000	\$35	
Active Member	\$1,000,001 - \$5,000,000	\$45	
Active Member	\$5,000,001 and over	\$55	
Associate Member		\$55	
Retired Member		No Charge	

One form per person		COMPLETE ALL AREAS — PLEASE PRINT NEATLY	
Member's Name			
Name of Department/ District/or Organization			
Address			
City/State/Zip			
Phone			
Fax			
E-mail Address			
Website Address			
Chief's Name			
Fire Department Budget			

Please make checks payable to IFSAP and send form with remittance to:

IFSAP Membership
PO Box 7563
Romeoville, IL 60446
skujat@romeoville.org

IFSAP Use Only Check# _____ Amount \$ _____ # of years _____ Pin _____