

## INDIANA FIRE CHIEFS ASSOCIATION 2025 MEMBERSHIP APPLICATION



Name:			
Title:	Department Name:		
Department Address:			
City:	State:		ZIP Code:
Phone:	E-Mail:		Cell:
State Senate District: State Representative District:	US Congressional District:		IN Homeland Security District:
	MEMBERSHIP CATE	A Company of the Comp	
<b>ACTIVE MEMBERSHIP</b> - Active Membership regularly organized Fire Department officially vote on all matters requiring a vote unless off elective office. For departments with less than be identified as active members who will have Departmental Membership.	recognized by the State Fire herwise prohibited by the Corn 30 emergency responders,	Marshal's Office. Active astitution and By-Laws the Fire Chief and one	ve members shall be entitled to s and shall be entitled to hold e (1) Assistant / Deputy Chief will
DEPARTMENTAL MEMBERSHIP – Departm Departmental Members shall be entitled to pa Deputy Chief of each department will have vo- list of member names.	articipate fully in the affairs of	the Association. The	Fire Chief and one (1) Assistant /
<b>ASSOCIATE MEMBERSHIP</b> – Associate Merfrom fire. This also includes all members of a Chief Officer. Associate Members shall be entioffice and voting privileges.	department with 30 or more	emergency responde	rs who are not the Fire Chief or a
<b>RETIRED ACTIVE MEMBERSHIP</b> – Retired Fire Service after ten (10) consecutive years, fully in the affairs of the Association, with excapplication to and certification from the Board	as members of the I.F.C.A. R eption of holding elective offi d of Directors.	letired Active Member ice. Retired Active Me	s shall be entitled to participate
MEMBER SECTIONS DUES (Check all that apply)			
EMS\$ 25.00			
Technical Rescue\$ 25.00 PAC Contribution Optional Fire Member \$96.00, PAC		ial Fire Chief	
MEMBERS	SHIP OPTIONS AND	PAYMENT METH	HODS
□ Active Chief – First two (2) Chiefs (30 or more inDept.) \$125.00 ea.			
☐ Additional Active Chief - (30 or more in Dept.)		\$ 75.00	Member Dues
each  Departmental - Combo/Vol. Dept. less than 30 \$150.00 (Please provide Dept. Roster) * attach roster of member's names and emails.  Section Dues			
□ Associate -Non-Chief Rank (more than 30) or Interested Individuals \$ 50.00			
□ Retired Active (by approval) Free		Free	TOTAL \$
If an invoice is needed please complete and	d indicate here withyour in	nitials	3025.
Check (payable to IFCA) # Visa	Master Card	4.	
Card Number: Expiration Date:			tion Date:
Name on Card:			
Signature:			
Return application and payment: By Mail: IFCA Membership Application, P.O. B By Phone: 317-856-1850 Email: mthiele@indfirechiefs.org	ox 305, Camby, IN 46113		