



**BLACK WOMEN IN THE FIRE SERVICE
MEMBERSHIP APPLICATION**

(\$50.00 DUES ASSESSMENT)

I/we hereby make application for membership with the (BLACK WOMEN IN THE FIRE SERVICE) AN AFFILLIATE OF THE INTERNATIONAL ASSOCIATION OF BLACK PROFESSIONAL FIREFIGHTERS in accordance with its constitution and by-laws and agree to be bound therewith.

THIS FORM MUST BE COMPLETED BY EACH DUES PAYING MEMBER OF THE IABPFF

(Please type or print legibly)

IABPFF CHAPTER NAME _____

IABPFF MEMBERS NAME _____

MEMBERS MAILING ADDRESS; _____

CITY/STATE/ZIP _____

HOME PHONE: _____ BUSINESS PHONE _____

SSN _____ DATE OF BIRTH _____

NAME OF FIRE DEPARTMENT: _____

RANK (no abbreviations); _____ DATE HIRED: _____

SIGNATURES _____ DATE _____

(Member's signature)

(Chapters President's signature)

FOR OFFICIAL USE ONLY

CARD NUMBER _____ CHAPTER NUMBER: _____

DUES: \$ _____ REGION: \$ _____

COMMENTS _____

DATE ACCEPTED _____

MAIL TO: MS BRENDA J. BROOKS BWFS TREASURER 1403 JUBAL DRIVE, ORLANDO, FL.32818

WEBSITE: BWFS.ORG.