

IFAMA

Illinois Fire Apparatus
Mechanics Association
P.O. Box 505
Lemont, Il 60439-9998



Corporate Membership Application & Invoice

Date: _____
PO # _____
IFAMA

Make Checks Payable to:
Web Site: WWW.IFAMA.NET

Company _____
Address _____

Contact Information
Work Phone _____-_____-_____
Direct Phone _____-_____-_____
Cell Phone _____-_____-_____
Fax Number _____-_____-_____

Quantity	Description	Unit Price	Amount
	2020 Corporate Membership for the following (November 1 st 2019 thru October 30,2020)	300.00 Ea	
	Members Name(s) (Must be Included)		
	Member Email		
1 st Name			
1 st Email			
2 nd Name			
2 nd Email			
	Annual Corporate membership includes 2 members Corporate logo on IFAMA website and email list		
	PLEASE Return Complete form with Payment		
	MAKE Checks Payable to IFAMA		
	Check #		
	Date Received		
	Date Entered		
	Please send Hi-Res logo to Info@IFAMA.net	Sub Total	\$
	Send to: IFAMA	Payment	\$
	P.O. Box 505		
	Lemont, Il. 60439-9998	Total	\$

secretary@IFAMA.net