

# IFAMA

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



## Membership Application & Invoice

Date: \_\_\_\_\_

PO # \_\_\_\_\_

Make Checks Payable to: IFAMA  
Web Site: [WWW.IFAMA.NET](http://WWW.IFAMA.NET)

Company or Department \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information  
Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Direct Phone \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
Fax Number \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Quantity	Description	Unit Price	Amount
	2020 Membership for the following Individual(s) (November 1 <sup>st</sup> 2019 thru October 30,2020)	\$50.00 Ea	
	<b>Members Name(s) (Must be Included )</b>		
	Member Email		
1 <sup>st</sup> Name			
1 <sup>st</sup> Email			
2 <sup>nd</sup> Name			
2 <sup>nd</sup> Email			
3 <sup>rd</sup> Name			
3 <sup>rd</sup> Email			
4 <sup>th</sup> Name			
4 <sup>th</sup> Email			
5 <sup>th</sup> Name			
5 <sup>th</sup> Email			
	PLEASE Return Complete form with Payment		
	<b>MAKE Checks Payable to IFAMA</b>		
	<b>Check #</b>		
	<b>Date Received</b>		
	<b>Date Entered</b>		
		Sub Total	\$
	<b>Send to: IFAMA</b>	Payment	\$
	<b>P.O. Box 505</b>		
	<b>Lemont, Il. 60439-9998</b>	Total	\$

secretary@IFAMA.net