



**APPLICATION FOR AFFILIATION  
with the  
FLORIDA PROFESSIONAL FIREFIGHTERS, I.A.F.F.**

Date of Application: \_\_\_\_\_ I.A.F.F. Local Union Number: \_\_\_\_\_

Date of Affiliation with the I.A.F.F.: \_\_\_\_\_

I.A.F.F. Official Charter Name: \_\_\_\_\_

Name of Emergency Services Department: \_\_\_\_\_

County: \_\_\_\_\_ Number of Members: \_\_\_\_\_

Number of Active Retired Members: \_\_\_\_\_

**NOTE: AT LEAST ONE (1) MONTH PER CAPITA PAYMENT  
MUST ACCOMPANY THIS APPLICATION.**

**PER CAPITA TAX IS \$7.14 PER MEMBER PER MONTH AND  
\$3.57 PER ACTIVE RETIRED MEMBER PER MONTH.**

The enclosed per capita payment is for:

Month(s): \_\_\_\_\_ Year: \_\_\_\_\_ Total amount paid: \$ \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**President:** \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Station: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Vice President:** \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Station: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Secretary:** \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Station: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Secretary/Treasurer:** \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Station: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE RETURN FORM TO: F.P.F., 345 W. MADISON STREET, TALLAHASSEE, FL 32301-1625**

**PHONE (850)224-7333 OR 1-800-747-4315 FAX (850)222-1751 E-mail: [fpf@fpfp.org](mailto:fpf@fpfp.org)**

**FPF FORM 3 – 7/11**