



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

Date of Application: \_\_\_\_\_ IAFF Local Union Number: \_\_\_\_\_

Date of Affiliation with the IAFF: \_\_\_\_\_ Date of Disaffiliation with FPF (if known): \_\_\_\_\_

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

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

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

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

***The President of this organization has received and read the Constitution and By-laws of the FPF. Furthermore, this Local will abide by these Constitution and By-laws.***

**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@fpf.org**

FPF Office Use Only

FPF Executive Board Action: \_\_\_\_\_