



IAFF-MG MEMBERSHIP APPLICATION

With submission of this application to join the IAFF-MG, the member agrees to abide by the Constitution and By Laws of the Motorcycle Group.

NAME _____

EMAIL ADDRESS _____

IAFF MEMBERSHIP NUMBER _____

LOCAL _____ DISTRICT _____

ACTIVE ___ ACTIVE/RETIRED ___ ALUMNI ___

MC MAKE & MODEL _____

ADDRESS _____

\$50(U.S. or Canadian equivalent based on current
exchange rate.) DUES BY ___ CHECK ___ MONEY
ORDER

SIGNATURE _____

SUBMIT TO: IAFF-MG, 1750 New York Avenue
N.W. Washington, DC 20006-5395