



IAFF MOTORCYCLE GROUP

Dues Payment Form

Thank you for your continued support and participation!

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Michael Crouse
IAFF-MG National
Coordinator

Name _____

IAFF Membership ID _____

IAFF-MG Number _____

Home Address _____

City/State/Zip _____

Country _____

Email Address _____

Local _____ District _____

Payment: \$50 for one year \$100 for two years
(through 12/31/08) (through 12/31/09)

(U.S. or Canadian equivalent based on current exchange rate)

Check

Make checks payable to "IAFF-MG"

Money Order

Visa MasterCard

Card Number: _____

Name on Card: _____

Expiration: _____

Signature: _____

SUBMIT TO: IAFF-MG

Paying by Check: Mail your completed payment form with check to IAFF-MG, 1750 New York Avenue, NW, Washington, DC 20006-3595

Paying by Credit Card: Email or fax your completed payment form to IAFF-MG National Coordinator Michael J. Crouse at mcrouse@iaff.org, [202] 783-4579 or by calling IAFF-MG National Coordinator Crouse at (202) 549-2572