**FILL OUT ONE FORM FOR** **EACH MEMBER INCLUDED** **IN THIS MEMBERSHIP**

**2024 Fire Department Membership Dues**

Amount: $200.00 for each 10 members

New FD Membership ❒ FD Membership Renewal ❒

***Qualifications:***

New Jersey based Fire Departments shall be eligible for a Department Membership which entitles that department to five (5) Individual Memberships. The representatives of the memberships shall be designated at the time of payment of the annual dues. (***Attach a form for each individual***)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_ \_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_

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

UFC Certification #: \_\_\_\_\_\_\_\_ UCC License #:

County Association Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*If not a county association member fill in county declaration for Region Representation*)

Are you an officer in the County Association: ❒ Yes ❒ No

Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of ICC? ❒ Yes ❒ No ICC Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are an ICC member do you wish to declare NJFPPA as your primary ICC Chapter? ❒Yes ❒No

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Association Office Use***

Voucher/PO #: Check #: Date Received:

Date Approved: Database Posted ❒ Revised 02/22/2024