

Memberships should be renewed annually to maintain your member status.

Renewals are due by May 15th of each year.

**IFSAP**  
EIN# 83-0464998

IRS Form W-9 is available, contact the IFSAP Treasurer



## Illinois Fire Service Administrative Professionals Active, Associate or Retired Members

### Membership Application

Membership payments are due by May 15th of each year.

An **Active Member** shall be defined as Illinois Fire Service Support Staff and related positions of regularly organized public, governmental and private industrial fire departments.

An **Associate membership** shall be extended to the administrative personnel employed by all other fire service organizations, out-of-state fire departments or to those employed by a recognized Illinois fire service academy/school.

A **Retired Member** shall be defined as any person who has been an Active Member for 10 years or more, in good standing upon retirement from the fire service.

### Mission Statement:

The Illinois Fire Service Administrative Professionals is dedicated to professional growth through education and information sharing of current issues and emerging trends in order to elevate the value of administrative services to those we support.

### Committee Interest

Is there a Committee that you would like to assist with? Please check which one(s).

Administrative

Executive Support Program

Fund Raising

Professional Program (Conference Awards Luncheon By-Laws, P&P)

Public Relations

Please visit our [www.ifsap.org](http://www.ifsap.org) website for more information on committee responsibilities found in the Policy & Procedures section.

Please Check One: **New Member** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Number of years in the Fire Service** \_\_\_\_\_

Membership Type	Fire Department Budget	Fee per member	Check One
Active Member	\$500,000 and under	\$25	
Active Member	\$500,001 - 1,000,000	\$35	
Active Member	\$1,000,001 - \$5,000,000	\$45	
Active Member	\$5,000,001 and over	\$55	
Associate Member		\$55	
Retired Member		No Charge	

One form per person		COMPLETE ALL AREAS — PLEASE PRINT NEATLY	
Member Name			
Department/District/Org.			
Address			
City/State/Zip			
County			
Phone			
Fax			
E-mail Address			
Website Address			
Chief's Name			
Fire Department Budget			

Please make checks payable to IFSAP and send form with remittance to:

**IFSAP Membership**  
**Attn: Merry Morris**  
**200 E. Route 38**  
**Elburn, IL 60119**  
**[mmorris@elburnfire.gov](mailto:mmorris@elburnfire.gov)**

IFSAP Use Only    Check# \_\_\_\_\_    Amount \$ \_\_\_\_\_    # of years \_\_\_\_\_    Pin \_\_\_\_\_