

# IFCA CORPORATE MEMBERSHIP APPLICATION

## COMPANY INFORMATION

Company Name:

Address:

City:

State:

ZIP Code:

Phone:

E-Mail:

Fax:

Web Address:

CEO First Name:

CEO Last Name:

### Primary Company Contact

First Name:

Last Name:

Title:

Phone:

E-mail:

Fax:

Address (if different than company):

City:

State:

ZIP Code:

### Additional Company Contacts

First Name:

Last Name:

Title:

Phone:

E-mail:

Fax:

Address (if different than company):

City:

State:

ZIP Code:

### Additional Company Contacts

First Name:

Last Name:

Title:

Phone:

E-mail:

Fax:

Address (if different than company):

City:

State:

ZIP Code:

### Payment Method

Check (payable to IFCA)

Visa

Mastercard

Card Number:

Expiration Date:

Name On Card:

Signature:

## MEMBERSHIP CATEGORY

Corporate Member \$ 500 includes all company employees

### Easy Ways To Join. Return application and payment:

By Mail: IFCA Membership Application, P.O. Box 305, Camby, IN 46113

By Phone: 1-317-856-1850 Toll Free: 877-733-1850

Online: [www.indfirechiefs.org](http://www.indfirechiefs.org)

E-Mail: [dhenson@indfirechiefs.org](mailto:dhenson@indfirechiefs.org)



Sponsorship Opportunities Available – Please see our website at [www.indfirechiefs.org](http://www.indfirechiefs.org) or contact Dale Henson, IFCA Executive Director at 317-856-1850 or [dhenson@indfirechiefs.org](mailto:dhenson@indfirechiefs.org).