



[www.isfca.org](http://www.isfca.org)

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**ISFCA MEMBERSHIP/ANNUAL RENEWAL 2012**

**INVOICE**

Thank you for joining our organization! Please **PRINT** and provide **ALL** information requested on **BOTH SIDES OF THIS FORM**. Notify the ISFCA's office promptly of any changes in addresses or emails as this helps us maintain an accurate membership database and allows us to keep you informed of important issues.

**Your dues go towards informing, educating, representing, leading and serving the fire district's of Idaho.**

Fire District \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Check which one best describes your organization: \_\_\_\_\_ Career \_\_\_\_\_ Volunteer  
\_\_\_\_\_ Combination (Career & Volunteer) \_\_\_\_\_ Other \_\_\_\_\_

**Fire District's Membership**

Annual Budget: \_\_\_\_\_ Fee: \_\_\_\_\_

Budget Amount

Annual Dues

Under \$25,000

\$50.00

\$25,001 - \$499,000

\$ .2% of Budget  
(Example: \$300,000 x .2% = \$600)

Over \$500,000

\$1,000.00

**Please complete this membership form and the contact information worksheet on the reverse side and mail payment to the address below:**

**ISFCA  
776 E. Riverside Drive, Suite 200  
Eagle, ID 83616**

**OFFICE USE ONLY**  
Received \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount \_\_\_\_\_

Fire District: \_\_\_\_\_

**When ISFCA sends out a mailing or email to members, we send this information to the District and to each Commissioner's personal email. Personal contact information will not be given out to any other party. We will no longer be sending out items via mail. All information will go through email. Please provide email addresses for each member in your district.**

Home addresses & contact information:

|                   |       |            |           |
|-------------------|-------|------------|-----------|
| <b>Fire Chief</b> | _____ | Address    | _____     |
| City              | _____ | State ____ | Zip _____ |
| Phone             | _____ | Cell       | _____     |
| Fax               | _____ | E-mail     | _____     |

|              |       |            |           |
|--------------|-------|------------|-----------|
| <b>Chair</b> | _____ | Address    | _____     |
| City         | _____ | State ____ | Zip _____ |
| Phone        | _____ | Cell       | _____     |
| Fax          | _____ | E-mail     | _____     |

|                     |       |            |           |
|---------------------|-------|------------|-----------|
| <b>Commissioner</b> | _____ | Address    | _____     |
| City                | _____ | State ____ | Zip _____ |
| Phone               | _____ | Cell       | _____     |
| Fax                 | _____ | E-mail     | _____     |

|                     |       |            |           |
|---------------------|-------|------------|-----------|
| <b>Commissioner</b> | _____ | Address    | _____     |
| City                | _____ | State ____ | Zip _____ |
| Phone               | _____ | Cell       | _____     |
| Fax                 | _____ | E-mail     | _____     |

|                     |       |            |           |
|---------------------|-------|------------|-----------|
| <b>Commissioner</b> | _____ | Address    | _____     |
| City                | _____ | State ____ | Zip _____ |
| Phone               | _____ | Cell       | _____     |
| Fax                 | _____ | E-mail     | _____     |

|                     |       |            |           |
|---------------------|-------|------------|-----------|
| <b>Commissioner</b> | _____ | Address    | _____     |
| City                | _____ | State ____ | Zip _____ |
| Phone               | _____ | Cell       | _____     |
| Fax                 | _____ | E-mail     | _____     |

|                  |       |            |           |
|------------------|-------|------------|-----------|
| <b>Secretary</b> | _____ | Address    | _____     |
| City             | _____ | State ____ | Zip _____ |
| Phone            | _____ | Cell       | _____     |
| Fax              | _____ | E-mail     | _____     |

|                   |       |            |           |
|-------------------|-------|------------|-----------|
| <b>Bookkeeper</b> | _____ | Address    | _____     |
| City              | _____ | State ____ | Zip _____ |
| Phone             | _____ | Cell       | _____     |
| Fax               | _____ | E-mail     | _____     |

**Comments and/or Questions** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to: ISFCA, 776 E. Riverside Drive, Suite 200, Eagle, ID 83616  
Email- office@isfca.org**