



Professional Firefighters of Florida State Fire Service Local S20



Application for Membership in the: International Association of Firefighters and the Professional Firefighters of Florida

I, the undersigned,

- A. Apply for membership in the above and agree to abide by its Constitutions and By-Laws.
- B. Authorize the union to be my exclusive bargaining agent for wages, hours, and other conditions of employment.
- C. Authorize monthly deductions from the attached account.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Personal email address: _____

Date of Birth: _____ Social Security Number: _____

T-shirt size: _____ Long or short sleeve or both: _____

Signature: _____ Date: _____

Please make sure you register at our web page @iafflocals20.com. Once this has been done you will receive your welcome letter from the Executive Board.

Please remember to also check out our Public Facebook Page and have your Representative request your access to the Private Group Page as well.

Search Florida State Fire Service Association S20.

Thank you and we look forward to working with you and representing you in the future.