



Johnson County Professional Firefighters Union LOCAL 4252

Member Initiation Information

Member Full Name: _____

Hire Date: _____ Birth Date: _____

Home Department: _____

Contact Information

Home Phone: _____ Cell Phone: _____

Station Phone: _____ E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Is this a transfer from an existing IAFF LOCAL?

YES If YES existing Member ID number: _____

NO

OFFICE USE ONLY:

Date Received: _____ Date Submitted to IAFF: _____

Submitted to IAFF by: _____