



Professional Firefighters/Paramedics of Palm Beach County, Inc. IAFF Local 2928

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Please fill form out completely

NAME: _____

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PHONE NUMBER:(____) _____ CELL PHONE:(____) _____

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STATION / SHIFT: _____ DEPARTMENT _____

DATE: _____

E-mail completed form to: iaff2928office@aol.com

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INTERNAL USE ONLY

Membership: _____ WEB: _____ IAFF: _____ Insurance: _____

Affiliated with the International Association of Fire Fighters, AFL-CIO, CLC

