



MEMBERSHIP DUES ASSISTANCE REQUEST FORM

NEAFC SAFER Grant Program: 12/23/2025 - 12/22/2029

Membership assistance is available for eligible active members age 18+ in Volunteer and Combination departments.

IAFC, NEAFC, VCOS, and NVFC memberships use a direct-enrollment process - no upfront department payment is required. State Fire Chiefs Association and State Volunteer Firefighters Association memberships are reimbursed after the department pays the eligible expense and submits an invoice and proof of payment.

Submit completed request packets to Alex Flores: alex@volunteerfirefighter.org | 855-VOL-FIRE

Department Information:

Department Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Which membership assistance are you requesting?

- ☐ **IAFC + NEAFC** (includes New England Division + VCOS Section)
Direct enrollment - no upfront department payment. IAFC Enrollment Roster required.
- ☐ **NVFC** - New & existing eligible active members
Direct enrollment - no upfront department payment. Active Roster required.
- ☐ **State Fire Chiefs Association**
Reimbursement - attach invoice and proof of payment.
- ☐ **State Volunteer Firefighters Association**
Reimbursement - attach invoice and proof of payment.

If requesting State Fire Chiefs Association, please provide:

Chief Name: _____

Title: _____



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Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

IAFC + NEAFC + VCOS Direct Enrollment

Complete this form and the IAFC Enrollment Roster template. Approved enrollment includes IAFC membership, the New England Division, and VCOS. Adapt Management will coordinate enrollment and submit the IAFC invoice through the SAFER grant payment process.

NVFC Direct Enrollment

Complete this form and provide an Active Roster. The SAFER grant will cover eligible NVFC membership costs without the department paying upfront.

State Association Reimbursement

For State Fire Chiefs Association and State Volunteer Firefighters Association membership, the department pays the eligible membership expense first and submits this form with the invoice and proof of payment.

Comments / Additional Information:

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Fire Chief Authorization:

By signing below, I confirm that all provided information is accurate.

Chief Name (print):_____

Signature of Chief:_____

Chief Phone:_____ Email:_____