

Illinois Association of Fire Protection Districts



AREA REPRESENTATIVE APPLICATION

Fire Protection District: _____

Applicant's Name: _____

Mailing Address: _____
Street City State Zip

Phone Number: _____ Fax: _____

E-mail: _____

Years as a Trustee: _____ Position held as a Trustee: _____

Fire Service Background: _____

Work History/Job background: _____

Office address: _____
Street City State Zip

Phone: _____ Fax: _____

Non-Fire District Activities: _____

Please send completed copy of this form via e-mail (cheri@iafpd.org)