

West Virginia State Firemen's Association, Inc.

For Office Use Only

No. _____

INDIVIDUAL MEMBERSHIP APPLICATION

I, _____, of No. _____ St.

Last First Middle

Town or City of _____, West Virginia, age _____, desire to become an Individual (Benefit) Member of the West Virginia State Firemen's Association, Inc. and herewith remit one dollar (\$1.00), the annual dues for one year beginning July 1, 19____. I understand I may have the privilege of renewing this membership, year after year, as provided by the Constitution and By-laws of the Association.

I am a member in good standing of the _____ Fire Company (or Department) of _____ West Virginia.

Date of Birth _____ Signature _____ Applicant

(Month) (Day) (Year)

If I am accepted as a member of the West Virginia State Firemen's Association, Inc., I hereby designate and name my beneficiary, and direct that, at my death, the Association shall pay the Death Benefit (provided my dues are paid and I am in benefit on the books of the Association), as provided by the Constitution and

By-Laws of said Association, to my _____ Relationship of _____ Name Address

as my beneficiary.

Witness my signature this _____ day of _____, 19____

WITNESSES:

_____ Signature _____ Applicant

Signature of applicant must be witnessed by TWO persons

I Hereby certify that _____ is an active member of _____ of _____ West Virginia, Name of Fire Company or Department

in good standing in this Company (or Department) and is entitled to membership in the Association.

Given under my hand this the _____ day of _____, 19____

Secretary of Department Company or Local

WHEN FILLING OUT APPLICATION, PLEASE PRINT OR TYPE ALL INFORMATION.