

WEST VIRGINIA STATE FIREMEN'S ASSOCIATION, INC(WVSFA)

INDIVIDUAL MEMBERSHIP APPLICATION

I, (last name, first name, middle name)_____

of(street address)_____

(city and zipcode)_____ WV

desire to become and 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, (current year)_____.

I am a member in good standing of(fire company/department)_____

in(city)_____ WV.

Date of birth(month/day/year)_____

Signature of member_____

If I am accepted as a member of the WV 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 WVSFA), as provided by the Constitution and By-Laws of WVSFA, to my(relationship)_____

Full Name_____

Of(address)_____

as my beneficiary.

Witness of member signature (date of signature)_____

Witness signature #1_____

Witness Signature #2_____

Signature of applicant must be witnessed by two persons

To be filled out by Officer of fire company/department below

I hereby certify that (name of applicant)_____

is an active member of this fire company/department and in good standing, and is entitled to membership in the WVSFA.

Signature of officer_____ Date_____

Office use only(member number)_____

Send form and payment to Diane Viands WVSFA Assistant Secretary 6 Greene Ave Charles Town WV 25414 This form can also be used to update beneficiary information