Volunteer Fireman Remittance Form

Initial enrollment or additional payment for new members

(once agency is established, a different form will be mailed during billing cycle)

Name of Department _____

Agency # _____

Amount of check: _____

Check # _____

Member's Name	Amount Member Paid	Amount Agency Paid
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
Total Amount Paid	$ 0 -	$ 0 -

Signature Date