

Registration Form Volunteer Firemen's Pension Fund

SSN _____ - _____ - _____

Name (Please Print) _____

Address _____
(Mailing Address) (City) (State) (Zip Code)

Gender: M F Age _____ BirthDate _____ Phone#: _____

Name of Department _____ Agency # _____

Check one: New Transfer

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PREVIOUS CONTRIBUTION INFORMATION

Were contributions previously made to the Pension Fund? Yes No

If yes, please complete. Previously volunteered with:

1) _____ Date from: _____ to: _____

2) _____ Date from: _____ to: _____

Were contributions: Withdrawn Left on Deposit

Contributions made under the name(s) of : _____

Spouse's Name _____ SSN _____ DOB _____

List below all children under 21 years of age:

Name _____ SSN _____ DOB _____ GENDER: _____

Name _____ SSN _____ DOB _____ GENDER: _____

Name _____ SSN _____ DOB _____ GENDER: _____

Name _____ SSN _____ DOB _____ GENDER: _____

Note: Proof of your age, that of your spouse, and of the children, will be required before benefits are paid.

I hereby apply for membership in the Volunteer Firemen's Pension Fund and I certify that all statements hereon are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

(Date)

For Office Use Only

Entered: _____

Verified: _____