MEMBERSHIP APPLICATION
ROCKLAND COUNTY VOLUNTEER FIREFIGHTERS' ASSOCIATION

Name _____

Street Address _____

City, State, Zip _____

Email _____ Phone_____

I am an active member of the following Rockland County fire company/department, and hereby make application for membership in the Rockland County Volunteer Firefighters' Association.

Department/Company* _____

Signature _____

Approved: _____ Date: _____
DEPARTMENT OR COMPANY SECRETARY

Initiation dues paid ($10.00) ____ on date _____

Acceptance date _____

*Members of Haverstraw, Nyack, Pearl River, Spring Valley, Suffern, & West Haverstraw must also indicate Company affiliation

Application must include a completed Death Benefit beneficiary form

Rockland County Volunteer Firefighters' Association, Inc.

P.O. Box 16

Garnerville, N.Y. 10923

Death Benefit Beneficiary Designation Form

The RCVFA death benefit was established on September 11, 1992 at the 80th annual convention. All life and active members in good standing for five (5) consecutive years of service with the association are eligible for the benefit.

The Treasurer will pay a determined amount to whom the member designates as his/her beneficiary, upon the member's death.

The death benefit committee will monitor the benefits and make recommendations at the August Board of Directors meeting as to the benefit amount. The Board of Directors shall recommend to the membership, for a vote at the annual convention, any change in the benefit. The maximum amount to be increased or decreased each year shall be $50.

Return this completed form to the association at the address noted above, attention Death Benefit Committee

Member's name: _____

Street address: _____

City, State, zip: _____

Telephone #: _____

Primary beneficiary name: _____

Street address: _____

City, State, zip: _____

Telephone #: _____

Relationship: _____

Secondary beneficiary name: _____

Street address: _____

City, State, zip: _____

Telephone #: _____

Relationship: _____

Member's signature: _____

Date: _____