APPLICATION FOR MEMBERSHIP
IN THE
ATLANTIC COUNTY FIREFIGHTERS' DEATH BENEFIT FUND ASSOCIATION

I,_____ the subscriber, hereby apply for membership in the above DEATH BENEFIT FUND.

I am a member of the_____ FIRE DEPARTMENT/COMPANY, in good standing.

I am_____ years of age. Date of Birth: _____
Date Month Year

I name as my Beneficiary or Beneficiaries _____

whose relation to me is _____

$ .00 accompanies this application, and I agree to abide by the RULES AND REGULATIONS of the FUND administered by THE BOARD OF TRUSTEES.

(Signed) _____ Date: _____

We hereby approve the above application.

_____ Trustee _____Chief

The above Application is Approved, and the Applicant admitted to membership in this FUND.

_____ _____
_____ _____
_____ BOARD OF TRUSTEES

DATED_____

25JAN2013

- Fill out application with name, department, age, date of birth, beneficiary information, and sign.
- Age requirements are 18 to 59.
- Have the Chief of the department sign the application.
- Have the Trustee of the Death Benefit sign the application. If your department does not have a Trustee named to the fund, we strongly recommend that a Trustee be elected or appointed to represent your department in conducting the business of the Death Benefit Fund.
- Return the application with $4.00.
- The initial application fee is $4.00, thereafter, there is an annual membership fee of $2.00 and an assessment of $2.00 per member death claim paid for the year, due at the year's end.
- The benefit amount at the present time is $500.00, and is payable to a beneficiary who is designated by the member, and the member is in good standings.
- Return to:
  Jaime C. Mellon
  134 Mill Street
  Port Republic, NJ 08241-9773
  Phone: (home) 609-748-4871 or (cell) 609-271-7734
  Email: jaime.mellon@oceanvillevfc.org