

**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

MEMBERS ADDRESS: _____

CITY _____, STATE _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

I name as my Beneficiary or Beneficiaries _____ whose relation to

me is _____ PHONE# _____ EMAIL _____

ADDRESS _____

CITY _____, STATE _____ ZIP: _____

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

(Applicant Signed) _____ Date: _____

We hereby approve the above application.

President of Dept / Co. _____ or Chief of Dept / Co. _____

Trustee. _____ DATED BY Dept / Co. _____

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

President Death Benefit Fund _____ or Sec. Death Benefit Fund _____

Dated By Death Ben. Fund _____

- 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@oceanvillefc.org