

INDIANA VOLUNTEER FIREFIGHTER'S AUXILIARY - MEMBERSHIP ENROLLMENT FORM

CHECK ONE BOX			CHECK ONE MEMBER DESIRED BOX		
<input type="checkbox"/> New Member	<input type="checkbox"/> Beneficiary Change	<input type="checkbox"/> Miscellaneous Changes	<input type="checkbox"/> Active	<input type="checkbox"/> IVFAA Past President	
District # _____	Membership # _____		<input type="checkbox"/> Individual	<input type="checkbox"/> 50 Year Member	
			Bible <input type="checkbox"/> Cath. <input type="checkbox"/> Prot. <input type="checkbox"/> Jewish <input type="checkbox"/>		

Complete all items / please print or type clearly!

Auxiliary Information

Auxiliary Name _____ **City** _____

Member Information

Members Name _____, _____, _____

Last Name First Middle

Mailing Address _____

City _____ **State** _____ **Zip** _____ **County** _____

Telephone _____ / _____ - _____ **Last 4 SS #** _____ **Date Joined Auxiliary** _____

Beneficiary Information

MULTIPLE BENEFICIARIES WILL BE DIVIDED EQUALLY (no exceptions)

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Signature _____ **Date** _____ / _____ / _____

New 3/21/2009