INDIANA VOLUNTEER FIREFIGHTER'S ASSOCIATION – MEMBERSHIP ENROLLMENT FORM

CHECK ONE BOX	CHECK ONE MEMBER DESIRED BOX
ÿ New Member ÿ Beneficiary Change ÿ Miscellaneous Changes ÿ Transfer From Another Dept. Old Department_____City_____ New Department_____City_____	ÿ Active ÿ Armed Services ÿ Inactive ÿ IVFA Past President ÿ Industrial Member ÿ 50 yr. Life ÿ Associate

Complete all items / please print or type clearly!

Department Information

IVFA Department #_____ District #_____ PR Area #_____ County/Department #___-_____

Department Name_____ City_____

Member Information

Members Name_____, _____, _____

Last Name First Middle

Mailing Address_____

City_____ State_____ Zip_____County_____

Telephone_____ / _____ Social Security #_____-_____-_____ Date Entered Fire Service_____

Beneficiary Information

MULTIPLE BENEFICIARIES WILL BE DIVIDED EQUALLY (no exceptions)

Name_____ Relationship_____

Name_____ Relationship_____

Name_____Relationship_____

Name_____ Relationship_____

Signature_____ Date_____/_____/_____

Revised 2/14/02