

**NEW HANOVER COUNTY FIREFIGHTERS ASSOCIATION
BENEVOLENT BROTHERHOOD
APPLICATION FOR MEMBERSHIP**

(Please print or type)

Name _____

Street _____

City _____ State _____ Zip code _____

Date of Birth _____

Member of _____ Fire Department

Number of years as a Member _____

Email address for notifications _____

Beneficiary _____ Relationship _____

Address of Beneficiary:

Street _____

City _____ State _____ Zip code _____

I hereby certify that I am in good standing with my Department and the statements are true to the best of my knowledge and belief.

Applicants must maintain good standing with their Department to be eligible for benefits.

Date ___/___/___

(Signature of applicant)

Date ___/___/___

(Signature of department Chief)

Date Member Accepted ___/___/___

(Association Signature)