

ADDITION / DELETION FORM

To: N C State Firemen's Association
P.O. Box 188
Farmville, North Carolina 27828



From:
Fire Department

Address

Paul@ncsfa.com or Melissa@ncsfa.com
Telephone (252) 753-2626
Toll Free 1-800-253-4733
Fax (252) 753-3335

ADDITIONS:

Please add the name of _____ to our roster as a New Member for the year 2005

_____ Name	_____ Social Security Number	_____ DOB	
_____ Address	_____ Phone Number	_____ E-mail Address	
Male / Female	Married / Single	Paid / Volunteer / Retired	Certified (Yes / No)

DELETIONS:

Please delete the name and information of _____ from our roster, as this person is no longer a department member.

Effective Date:

Chief

Address
County

You may add one member for each member deleted at no charge. There is a membership fee of \$12.00 for all other members added. You have 30 days to send in membership dues if you fax this information in. It is understood that no claims will be paid against this New Member until membership dues are received in our office. After 30 days, if no membership dues are received, this New Member will not be covered.

Department may duplicate this form.

Effective January 1, 2004