

2011 ADDITION / DELETION FORM

To: N C State Firemen's Association
323 West Jones Street, Suite 401
Raleigh, NC 27603



Fire Department Name

Address

sandie@ncsfa.com or amy@ncsfa.com
Telephone (919) 821-2132
Toll Free 1-800-253-4733
Fax (919) 821-9382

ADDITIONS:

Name

Social Security Number

DOB

Phone Number

Address

E-mail Address

Effective Date

Male / Female

Married / Single

Paid / Volunteer / Retired

DELETIONS:

Name

Name

Name

Name

Chief Signature _____

You may add one member for each member deleted at no charge. There is a membership fee of \$20.00 for all additional 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.