

# CAPE MAY COUNTY FIREMAN'S AID ASSOCIATION

## APPLICATION FOR MEMBERSHIP

### PLEASE READ BEFORE COMPLETING APPLICATION:

Applicant must be between the ages of 18 and 60 and an active member of any Fire Department/Company of the County of Cape May which said organization is a member of the Cape May County Fireman's Association, and will be subject to the approval of the Board of Directors. Application must be filled out completely, in printed ink or typewritten, and **accompanied by the application fee of \$10.00**. USE NO INITIALS... all names must be spelled out. Applicant must endorse the application in the own handwriting where indicated. Applicant must be recommended by the Secretary of the member's organization. **Be sure to notify the Aid Association Secretary of any change of address or beneficiary information.**

Have you ever been a prior member of a Cape May County Fire Company? Yes \_\_\_ No \_\_\_  
If so, which Company / Dept.? \_\_\_\_\_

Have you ever been a prior member of the Cape May County Fireman's Aid Assoc.? Yes \_\_\_ No \_\_\_  
If so, are you still a member with another company? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
First Full middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Designated Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

\*\*\*Beneficiary Phone \_\_\_\_\_

Address of Beneficiary \_\_\_\_\_ City \_\_\_\_\_  
If Different than Above

State \_\_\_\_\_ Zip \_\_\_\_\_

Member of what Fire Company \_\_\_\_\_ Date Admitted to Organization \_\_\_\_\_

Active or Exempt Member \_\_\_\_\_ Condition of Health \_\_\_\_\_

\* \* The applicant certifies that all the above information is accurate and agrees that if any assessment is more than thirty days in arrears upon his/her death, the designated beneficiary or estate will not be entitled to any benefit.

Dated \_\_\_\_\_ Members Signature \_\_\_\_\_

Signature of Fire Company Secretary \_\_\_\_\_ \$ 10.00 fee enclosed?

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AID ASSOCIATION INFORMATION (DO NOT WRITE)

Date Accepted \_\_\_\_\_ Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Secretary Signature