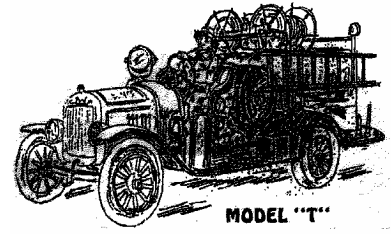


Exempt & Benevolent Association, Inc.

North Massapequa Fire Department
1000 North Boradway
North Massapequa, NY 11758
(516) 579-0900 Ext. 1617



Request For Life Membership

To qualify for Life Membership you must have 5 Years in the North Massapequa Fire Department and be Approved by the Officers and Trustees of the Association. Enclose a copy of your drivers license.

I _____, request to become a Life Member of the Exempt & Benevolent Association, Inc. of the North Massapequa Fire Department as per the Corporation Bylaws, Article 3, Section 2a, b and c.

I have served five (5) Active years or more in the North Massapequa Fire Department.

Signature _____ Date _____

(PLEASE CHECK ONE)

____ I am 65 years of age or over and request Life Membership and an exemption from further payment of dues.

____ I agree to pay a one time fee as described in Life Membership chart, Article 3, Section 8.

For Use by Officers and Board of Trustees

Date of Birth _____ Exempt Date _____ One Time Fee _____
Date on your Exempt Certificate Check chart on rear

Verified By _____ Verified By _____ Verified By _____



President _____ Date _____
Signature

Secretary _____ Date _____
Signature