

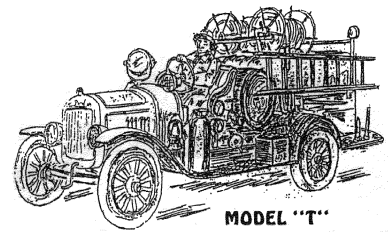
Exempt & Benevolent Association, Inc.

North Massapequa Fire Department

1000 North Broadway

North Massapequa, NY 11758

(516) 579-0900 Ext. 1617



APPLICATION FOR MEMBERSHIP

NAME: _____ CERTIFICATE # _____

TO BE FILLED IN
BY SECRETARY

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

DATE SWORN INTO NORTH MASSAPEQUA FIRE DEPARTMENT: _____

E-MAIL ADDRESS: _____

APPLICATION FEE \$ 25.00 .

YEARLY DUES \$ 10.00 .

BACK DUES \$ _____ .

LIFE MEMBERSHIP FEE \$ _____ .

TOTAL AMOUNT DUE \$ _____ .

1. Application Fee is \$25.00 plus yearly membership dues of \$10.00.
2. For every year from 5 years you do not become a member you must pay back dues of \$10.00 per year.
3. If you have 5 years in the department when you decide to join you may become a life member. That fee is calculated on the back of the life membership application.

Based upon information furnished herewith, I do hereby apply for membership in the Exempt and Benevolent Association, Inc. of the North Massapequa Fire Department. I also affirm that I will subscribe to the constitution of the United States and the State of New York and I will uphold and subscribe to the bylaws of this association.

Signature: _____ Date: _____

Applicant Do Not Write Below This Line

DATE ELECTED TO MEMBERSHIP: _____ APPROVED BY: _____

SECRETARY SIGNATURE: _____

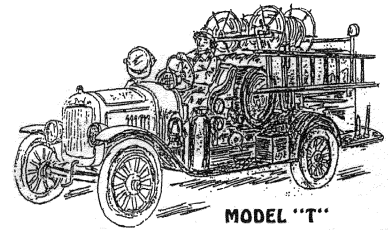
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DEPENDENT DESIGNATION

Members Last Name _____ First Name _____ Middle Initial _____

Present Address _____ City _____ Zip Code _____

Telephone Number _____ Date of Birth _____

Religion _____ Wedding Date (If Applicable) _____

NOTE: In spaces provided below, list the person or persons who will be responsible for handling your affairs should you be unable to do so. List names in order of preference. It will be the responsibility of the person or persons you designate to contact the Board of trustees when requesting assistance.

Please **PRINT** all information below neat and clear

1st Designated Contact:

Last Name _____ First Name _____

Present Address _____ City _____ Zip Code _____

Telephone Number _____ Relationship _____

2nd Designated Contact:

Last Name _____ First Name _____

Present Address _____ City _____ Zip Code _____

Telephone Number _____ Relationship _____

Members Signature _____ Date _____

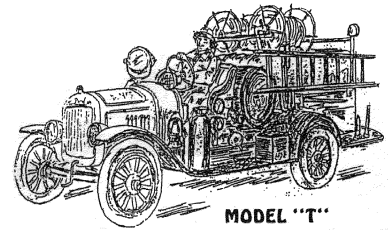
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DEPARTMENT MEMBER VERIFICATION

To: The Exempt & Benevolent Association of the North Massapequa Fire Department

From: Company Officer

Re: Membership Verification

Attention: Board of Trustees

This is to certify that _____ is an active member of
Members Name

Company # _____ since _____
Date Sworn Into Department

Verifying Company Officer _____
Print Name Please Sign Name Please