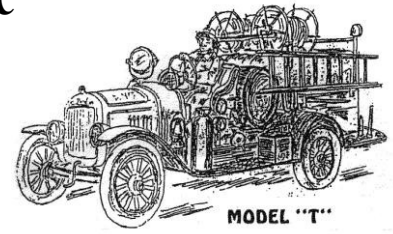


**Exempt & Benevolent Association, Inc**  
**North Massapequa Fire Department**  
**1000 North Broadway**  
**North Massapequa, NY 11758**  
**(516) 579-0900 Ext. 1617**



**DEPENDENT DESIGNATION**

Members Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Wedding Date (If Applicable) \_\_\_\_\_

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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.

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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 \_\_\_\_\_

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Members Signature \_\_\_\_\_ Date \_\_\_\_\_