

Seattle Fire Department Relief Association

PETITION FOR MEMBERSHIP

The undersigned respectfully petitions to become an active member of the Seattle Fire Department Relief Association. If accepted, I pledge myself to a cheerful obedience of the by-laws, rules and regulations of the Association.

Name in full _____

Date and place of birth _____

Physical address _____

Mailing address (No PO Boxes) _____

Preferred contact number _____

Name of beneficiary in case of death _____

Relationship to named beneficiary _____

Contact information of named beneficiary _____

Date of appointment to Seattle Fire Department _____

City ID and Injury Illness number _____

Company/Shift _____ Position _____

I, the undersigned applicant, swear that my answers to the foregoing questions are in my own handwriting and are recorded above in full and correctly and that said answers are true to the best of my knowledge and belief. Also, I hereby authorize the City of Seattle to deduct from my earnings each and every month the monthly dues and assessments of the Seattle Fire Department Relief Association in the amount of \$28.

Signature of applicant _____ date _____

Board Approval

Signature /title _____ date _____

Signature /title _____ date _____

Signature /title _____ date _____

BENEFICIARY DESIGNATION FORM

SEATTLE FIRE DEPARTMENT RELIEF ASSOCIATION

The undersigned member of the Association hereby designates the following persons as my primary and contingent beneficiaries to receive any death benefit or other assistance provided for in the By-Laws of the Association at the time of my death.

Signature of Member

Date

Print Name

1. PRIMARY BENEFICIARIES

Full Name

Full Name

Address

Address

City/State/Zip Code

City/State/Zip Code

Birthdate

Birthdate

Relationship/Percentage of Benefits

Relationship/Percentage of Benefits

2. CONTINGENT BENEFICIARIES [in case of death of Primary Beneficiary(ies)]

Full Name

Full Name

Address

Address

City/State/Zip Code

City/State/Zip Code

Birthdate

Birthdate

Relationship/Percentage of Benefits

Relationship/Percentage of Benefits

_____: Alternatively, initial here if you desire your spouse as the primary beneficiary, your child(ren) as the contingent beneficiary(ies), and your parent(s) as the secondary contingent beneficiary(ies).

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the City of Seattle to deduct from my earnings each and every month the monthly dues and assessments of the Seattle Fire Department Relief Association.

This payroll deduction shall continue in force and effect until cancelled by me in writing.

* Signed: _____ *

* _____ Co. No. _____ Pl. _____ Off. No. _____ *

Amount of Deduction \$ 28.00

Date * _____

Secretary-Treasurer

S.F.D. Relief Association