

# Seattle Fire Department Relief Association

## Membership Application

*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.*

Full name: \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Preferred contact number and email: \_\_\_\_\_

City number: \_\_\_\_\_

Injury/Illness number: \_\_\_\_\_

Date of hire in SFD: \_\_\_\_\_

Current assignment: \_\_\_\_\_

Rank/Position: \_\_\_\_\_

Name of beneficiary in case of death: \_\_\_\_\_

Relationship of beneficiary: \_\_\_\_\_

Beneficiary contact information: \_\_\_\_\_

*I, the undersigned applicant, swear that my answers to the foregoing questions 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 \$28.00.***

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **Board Approval**

Signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_

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## Beneficiary Designation Form

Seattle Fire Department Relief Association

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

### Primary Beneficiary

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Contingent Beneficiaries

Full name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternatively, if you desire your spouse as the primary beneficiary, your children as the contingent beneficiaries, and your parents as the secondary-contingent beneficiaries.

Initial here: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

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## **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: \_\_\_\_\_

Name: \_\_\_\_\_

Assignment/Shift: \_\_\_\_\_ I/I #: \_\_\_\_\_

City Number: \_\_\_\_\_

**Amount of Deduction: \$28.00**

**Paycheck #1**

**Date:**

**Accountant:** \_\_\_\_\_

**Seattle Fire Department Relief Association**

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