

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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