

Randolph County Association of Fire Chiefs, Inc

President – Chief Eric Hoffman
Secretary – Chief Luke Richardson

Vice President – Chief Kyle Dixon
Treasurer/FBFA – Chief T. Dean Powell



FIREFIGHTER'S FRATERNAL BENEFIT FUND

ENROLLMENT FORM INSTRUCTIONS

Certificate Number: Leave Blank. We will issue a number that begins with the year the member joined and the next member number in sequence. Example: 2024-001.

New Member:	A person not currently a member of the fraternal benefit fund.
Junior Firefighter:	A person age 14 – 17 on a Fire Department's Roster as Active Junior or Cadet.
Updated Member:	A current member on the fraternal benefit fund. When updating information, ALL areas must be completed as the original. This updated form will become your Official Certificate and the previous will be deleted or discarded.

Firefighter Name:	Please enter Last Name, First Name, Middle Name (If you have a middle)
Full Address:	Please enter a complete mailing address that is not a post office box.
Phone Number:	Please enter a phone number that the member can be reached at.
E-mail Address:	Please enter an e-mail that the member can be reached at.

Primary Beneficiary

Full Name:	Please enter Last Name, First Name, Middle Name (If you have a middle)
Full Address:	Please enter a complete mailing address that is not a post office box.
Relationship:	Please enter how the person is related to the member. (Ex. Son, Daughter, etc.)
Phone Number:	Please enter a phone number that the primary beneficiary can be reached at.

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After March 15, 2024, the member **MUST** designate a Contingent Beneficiary. If they don't have a person to list, they can list "My Estate". In the event, the member passes and the primary beneficiary is also deceased, the RCAFC will have to decide who receives the death benefit per the guidance in the bylaws.

Contingent Beneficiary

Full Name: Please enter Last Name, First Name, Middle Name (If you have a middle)

Full Address: Please enter a complete mailing address that is not a post office box.

Relationship: Please enter how the person is related to the member. (Ex. Son, Daughter, etc.)

Phone Number: Please enter a phone number that the primary beneficiary can be reached at.

Member's Signature: The member can date/sign this form in person or the member can type into the fillable form and they can enter an electronic signature with a date/time stamp and signature.

Witness Signature: The Enrollment Form, also known as the "Certificate of Membership" must have the member's signature witnessed by two department officers and one of the two **MUST** be the Fire Chief. If the member provides an electronic signature, the Fire Chief must confirm with the member that they did complete the form and it represents their wishes. The Chief signs confirming this has been done. If no electronic signature, both witnesses **MUST** observe the member signing the form.