

Randolph County Association of Fire Chiefs, Inc

President – Chief Eric Hoffman
Secretary – Chief Luke Richardson

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



FIREFIGHTER'S FRATERNAL BENEFIT FUND

ENROLLMENT FORM

Certificate # _____

New Member

Indicate if, Jr Firefighter Age 14 - 17

Updated Member

Firefighter / Member Name: _____
(Last) (First) (Middle)

Full Street Address: _____

Phone Number: _____ E-mail Address: _____

Member of (Department Name): _____

(Please Complete ALL Areas and Print Legibly or Type. Incomplete forms will Not be Accepted)

Primary Beneficiary

Full Name: _____

Full Street Address: _____

Relationship to Member: _____ Phone Number: _____

Contingent Beneficiary

In the event of the primary beneficiary is deceased at the time of the member's death, the contingent beneficiary will receive the benefit. All forms dated after 03/15/2024 MUST designate a Contingent Beneficiary.

Full Name: _____

Full Street Address: _____

Relationship to Member: _____ Phone Number: _____

I hereby certify that all answers and statements are true to the best of my knowledge and belief.

Date: _____

(Signature of Member)

DEPARTMENT USE ONLY:

I verify the above member is in good standing with the department and eligible for membership. Two Officer Signatures are REQUIRED and One MUST be a Fire Chief.

Date: _____

(Fire Chief)

Date: _____

(Chief Officer or Fire Officer)

DUTY. HONOR. COMMUNITY.

www.RCAFC.org