

**NEW HANOVER COUNTY FIREFIGHTERS ASSOCIATION  
BENEVOLENT BROTHERHOOD  
APPLICATION FOR MEMBERSHIP**

(Please print or type)

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Member of \_\_\_\_\_ Fire Department

Number of years as a Member \_\_\_\_\_

Email address for notifications \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Beneficiary:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

I hereby certify that I am in good standing with my Department and the statements are true to the best of my knowledge and belief.

Applicants must maintain good standing with their Department to be eligible for benefits.

Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
(Signature of applicant)

Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
(Signature of department Chief)

Date Member Accepted \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
(Association Signature)