

**Application for Membership in the
Atlantic County Firefighters' Death Benefit Fund Association
(ACFDBFA)**

PLEASE READ BEFORE COMPLETING APPLICATION: Applicant must be between the ages of 18 and 59. Is an active member of an Atlantic County Fire Company/Department. The application MUST be completed in its entirety and submitted with the \$4.00 application fee to any ACFDBFA Board Member before the applicant's 60th birthday. If the application is not completed in its entirety or the fee is not included, it will not be accepted.

I _____ the applicant, hereby apply for membership in the **Atlantic County Firefighters' Death Benefit Fund Association (ACFDBFA), Inc.**

I am a member in good standing in the _____ Fire Co./Dept.

My date of birth is _____ and I am _____ years old.

Applicant's address _____

Phone Number _____ Email _____

I name as my Beneficiary _____ whose relation to me is _____

Phone # _____ Email _____

Beneficiary's address _____

By submitting this application with the \$4.00 application fee, I agree to abide by the Rules and Regulations of the ACFDBFA.

The President or Chief of the applicant's Co./Dept. must sign all applications.

Print Name

Signature

Title

Date

The above application was reviewed by Board Members _____ and _____ on _____ and approved or disapproved the application. (Please state why if disapproved.) Certificate # _____

- All applications become the property of the ACFDBFA and will not be returned.
- Bylaws can be found on the Atl. Co. Firefighters' Association web page under the ACFDBFA tab or email: AtlanticCountyFirefightersDBF@gmail.com for a copy.
- Variable dues are paid yearly.
- The ACFDBFA amount at the present time is \$800.00 and will be paid to the beneficiary as long as the member is in good standing.
- Please send the application and check to William Scaplen 4929 Pleasant Mills Road, Hammonton, NJ 08037. Make check payable to the Atlantic County Firefighters' Death Benefit Fund Association. His email is WScaplen4929@gmail.com