



PENNSYLVANIA FIRE POLICE ASSOCIATION

P O BOX 4866 GETTYSBURG PA 17325

717-329-6118

FOUNDED 1948

CHARTERED 1949

PROOF OF DEATH

SUBMIT TO THE ADDRESS ABOVE

1. DECEASED'S NAME IN FULL _____

2. RESIDENCE AT TIME OF DEATH _____
STREET AND NUMBER

_____ CITY

_____ COUNTY

_____ STATE

_____ ZIP

3. DATE OF BIRTH _____

4. DATE OF DEATH _____

5. BENEFICIARY'S NAME AND RELATIONSHIP _____

BENEFICIARY'S TELEPHONE # _____

_____ BENEFICIARY'S SIGNATURE

_____ DATE

_____ STREET ADDRESS

_____ CITY

_____ STATE

_____ ZIP

PLEASE SEND DEATH CERTIFICATE AND NEWSPAPER OBITUARY
ALONG WITH THIS FORM

THANK YOU



Pennsylvania Fire Police Association

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COUNTY DUES NOTICE

COUNTY _____ YEAR _____ AMOUNT _____

CORRESPONDING PERSON TO THE PENNSYLVANIA FIRE POLICE ASSOCIATION OFFICE

NAME _____

STREET _____

CITY _____ ZIP CODE _____

PHONE NUMBER (____) _____ - _____

COUNTY PRESIDENT NAME _____

STREET _____

CITY _____ ZIP CODE _____

PHONE NUMBER (____) _____ - _____

COUNTY SECRETARY NAME _____

STREET _____

CITY _____ ZIP CODE _____

PHONE NUMBER (____) _____ - _____

DELEGATE _____ PHONE (____) _____ - _____

DELEGATE _____ PHONE (____) _____ - _____

ALT DELEGATE _____ PHONE (____) _____ - _____

ALT DELEGATE _____ PHONE (____) _____ - _____

DATE OFFICERS CHANGE IN YOUR COUNTY _____

PLEASE REMIT CHECK TO PENNSYLVANIA FIRE POLICE ASSOCIATION

THIS FORM WITH PAYMENT, MUST BE RETURNED TO THE OFFICE BEFORE ANY MEMBERSHIP CARDS ARE RETURNED TO YOUR COUNTY. ANY CHANGES OF THESE OFFICERS NAMED ABOVE DURING THE CALENDAR YEAR MUST BE NOTIFIED TO THE OFFICE IN WRITING



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P.O. BOX 4866 • GETTYSBURG, PA 17325

PHONE: 717-329-6118

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FORM FOR MEMBERSHIP

COUNTY: _____

DATE: _____

_____ MEMBERSHIP AND INSURANCE \$10.00 \$ _____

_____ MEMBERSHIP \$ 6.00 \$ _____

_____ PENNA FIRE POLICE ONLY
LIFE MEMBERSHIP / INSURANCE \$ 4.00 \$ _____

_____ PENNA FIRE POLICE ONLY
LIFE MEMBERSHIP / NO INSURANCE \$0.00 \$ _____

TOTAL: \$ _____

SIGNATURE: _____

PHONE: _____

NOTES: