

APPLICATION FOR MEMBERSHIP

Department of State Treasurer, Firemen's and Rescue Squad Workers' Pension Fund
325 North Salisbury Street, Raleigh, North Carolina 27603-1385

Name _____ S.S. No. _____

Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

Telephone No. () _____ Sex: Male Female

Fire Rescue Department Name _____

County _____ Date service began in above department _____

MEMBER CERTIFICATION

Check One: Applying for initial enrollment into Pension Fund
(requires this completed membership application and \$10.00 per month contribution)

Previously a member of Pension Fund and now applying to rejoin
(requires this completed membership application, \$10.00 per month contribution, and \$25.00 administrative fee)

- NOTE:**
1. Membership is effective the first of the month in which **both** this membership application **and** an initial contribution are received in our office. If credit for any prior service with a department is desired Form Ret-349, "Application to Purchase Prior Service" must be completed. Upon determination of eligibility, we will calculate the cost to purchase prior service credits.
 2. Contributions must be kept current. **Accounts six (6) months delinquent are subject to be forfeited from the Pension Fund.** This also applies to Pension Fund accounts transferred from one department to another department.

Signature of Applicant _____ Date _____

DEPARTMENT CERTIFICATION

I certify that the above-named applicant is a current member of the designated department.

Authorized Signature

Title

Date