

## 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