

SPOUSE AND ORPHANS' FUND APPLICATION FORM
PO Box 27 Sumner WA 98390-0027 Phone: 253-445-9624

I hereby make application for membership in the Washington State Firefighter's Spouse and Orphans' Fund. I certify that I have not reached my 45th birthday. I am in general good health and know of no reason that would prevent me from being accepted by an insurance company. I agree to abide by the Constitution and By-Laws now existing or as may hereafter be changed, altered or amended. I herewith subscribe to the Spouse and Orphans' fund, enclosing a remittance of \$37.00 to pay the assessment for the fiscal year ending on June 30.

Full Name _____
(Print) First Middle Last

Address _____

City _____ State _____ Zip _____

Age ____ Born at _____ Month _____ Day _____ Year _____

Beneficiary (limited to SPOUSE, PARENTS, CHILD, ESTATE OR LIVING TRUST)

Name of beneficiary _____

Relationship (see above) _____

Address _____

City _____ State _____ Zip _____

Dated at _____ this _____ day of _____, 200 _____

X _____
Signature of Applicant

X _____
Witness

Approved by fire department (Two signatures please)

X _____ X _____

Fire Department Name _____

For office use only: ID _____ Payment # _____

Rev for use 7/1/2005