

The Exempt Firemen's Benevolent Fund Association
Village of Elmsford, N.Y.

Application for Membership

Applicant: _____ Date: _____

Fire Company: Live Oak Engine Elmsford Fire Company

Home address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ SSN: _____

Beneficiary: _____ Relationship: _____

Beneficiary address: _____

City: _____ State: _____ Zip Code: _____

Immediate Family household members (Please list immediate family members living with you of which you may submit claims. We will only entertain claims for names listed below) (please use Change Form for additional space)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I (signature) _____ hereby make application to join The Exempt Firemen's Benevolent Fund Association of the Village of Elmsford and further agree to abide by and uphold the Constitution and By-Laws of this Association. I further avow this information is accurate.

Benevolent Office Use Only

Board Approval Yes Declined Date: _____ BOD Members: _____

Membership Approval Yes Declined Date: _____

Fully Vested Yes No Membership Terminated Date: _____