

## North Carolina Association of Fire Chiefs Membership Application Form - 2012

Department: \_\_\_\_\_

County: \_\_\_\_\_

Address: \_\_\_\_\_

Regional Association: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**PLEASE READ CAREFULLY: (1) Submit \$30.00 per member; (2) Include the member's current email address. (2) You may attach a sheet with email addresses if that is more convenient or add additional sheets if necessary. Please list the Members Beneficiary for the Accidental Death Insurance Policy and complete the beneficiary form for each member. Thank you.**

CURRENT MEMBERS	EMAIL ADDRESS	BENEFICIARY/RELATION
NAME: RANK:		
NAME: RANK:		
NAME: RANK:		
NAME: RANK:		
NAME: RANK:		
NAME: RANK:		

Total Members Listed Above: \_\_\_\_\_ @\$30.00 each

Total Enclosed: \$ \_\_\_\_\_

Please list deleted members: \_\_\_\_\_ Retired \_\_\_\_\_ Deceased

\_\_\_\_\_ Retired \_\_\_\_\_ Deceased

Thank you for your interest and participation in the NCAFC. Please send this form and your check to NCAFC, PO Box 7893, Rocky Mount, NC 27804. Memberships run for the calendar year. If you have questions, please call (252)200-4425, or email: [ncafc@suddenlink.net](mailto:ncafc@suddenlink.net)