

Western Pennsylvania Firemen's Association  
Membership Application

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Beneficiary \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**CERTIFIED BY COMPANY:**

I certify that the applicant is a member in good standing of  
\_\_\_\_\_ Fire Department.

Signed \_\_\_\_\_

Officer

Title

**We pay Death Benefit of \$400.00**

**MEMBERSHIP DUES:**  
Ages 14 and Over: \$6 per year  
Company Membership: \$10  
*We Insure Junior Firefighters*

AMOUNT ENCLOSED \$ \_\_\_\_\_

Mail to:

T. Shank Executive Director-Secretary

P.O. Box 504, New Kensington, PA 15068-0504

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