

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 \$250

MEMBERSHIP DUES:

Ages 14 and Over: \$6 per year

Company Membership: \$10

We Insure Junior Firefighters

AMOUNT ENCLOSED \$ _____

Mail to:

J.C. Tedorski, Secretary

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

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