SCFA Membership Form
And Beneficiary Designation Form

This form is to be completed by a new member **or** if a member changes their Beneficiary. Please print clearly when completing this form.

Member Information:

Member's name: _____
First MI Last

Street Address: _____
Apt.

City, State, ZIP: _____

Phone:_____ Date of Birth: _____
Month/Day/Year

Department Name: _____

Department Rank: _____

(Circle One) Paid Volunteer

I hereby designate the following person who survives me as Beneficiary for Death Benefits under the Solano County Firemen's Association Benevolent Fund in the event of my death.

Beneficiary Information:

Name: _____
First MI Last

Street Address: _____
Apt.

City, State, ZIP: _____

Relationship to Member: _____

_____
Signature Date Signed