

COMMONWEALTH OF VIRGINIA
VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD FUND

MEMBERSHIP CONTINUATION FORM

PLEASE PRINT

Name _____
Last First Middle Initial

Address _____ Telephone No. (____) _____

City _____ State _____ Zip Code _____

Social Security No. _____ Date of Birth _____

Fire Rescue Department or Squad Name _____

Location/County _____ Date Service Began in
this Department _____

Previous Department
Service _____

Signature _____ Date _____

*I certify that the above named applicant is a current member of the designated
Department/Squad and is eligible to remain a member of the Fund.*

Please print your name on this line and sign on the next line.

Authorized signature _____ Date _____

Title _____ Telephone No. _____