

COMMUNITY FIREFIGHTERS FUNERAL BENEFIT FUND, INC

17555 Ashland Ave, Homewood, IL 60430

cffbf1@gmail.com

APPLICATION FOR HONORARY MEMBERSHIP

Date Submitted: _____

To become an Honorary Member in the Community Firefighters Funeral Benefit Fund, Inc, a member must have paid assessments for a minimum of 20 years and must have reached his/her 60th birthday.

Name _____

Department _____

Address _____

Date Joined Dept _____

City & State _____

Date Joined Fund _____

Birthdate _____

Chief _____ of _____ Fire Department

being duly sworn, states that Mr/Mrs/Ms _____

is an active/retired member of _____ Fire Department,

has been a member of the Community Firefighters Association / Funeral Benefit Fund for _____ years

and has reached his/her 60th birthday on _____. I therefore request that he/she be "Certified

as an Honorary Member" of the Community Firefighters Funeral Benefit Fund, Inc.

SIGNED (Fire Department use only)

TITLE

Subscribed and sworn to before me this

Date: _____

NOTARY PUBLIC

APPROVED

**SECRETARY
COMMUNITY FIREFIGHTERS FUNERAL BENEFIT FUND, INC**

Date: _____

Certificate No. _____