

FORM A

DEATH BENEFIT PLAN APPLICATION

PLEASE PRINT OR TYPE

NAME _____

SOC SEC # _____

DATE OF BIRTH _____

ADDRESS _____

PLEASE CHECK TYPE OF MEMBERSHIP:

Squad _____

Assoc Unit _____

Sustaining _____

Associate _____

Individual _____

SQUAD/ORGANIZATION _____ How long have you been a member? _____

PRIMARY BENEFICIARY _____ RELATION _____

ADDRESS _____

1ST CONTINGENT BENEFICIARY _____ RELATION _____

(Receives benefit if primary beneficiary predeceases applicant)

ADDRESS: _____

2ND CONTINGENT BENEFICIARY _____ RELATION _____

(Receives benefit if primary & 1st contingent predecease applicant)

ADDRESS _____

Witness _____ Signature of Applicant _____

Date _____

This section for squad use only:

I verify above applicant is in good standing with _____ as of _____
Name of Squad Date

Signature of Captain/President

Date

Squad Contact _____

Phone # _____

NOTE: NEW MEMBER FEE: \$3.00