

EXEMPT FIREMENS ASSOCIATION
OCTOBER 1 TO 31: \$45 + WORK HOURS
NOVEMBER 1 TO DECEMBER 31: \$50 + WORK HOURS
JANUARY 1, 2019: \$60 + WORK HOURS

PLEASE PRINT CLEARLY

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ CITY, ST, ZIP _____ PHONE: _____

Please select one of the following options: Email: _____

I performed my 5 hours of service as required. Please give a brief description of activity:

I am exempt from 5 hours of service due to:

- Firefighter Active Member
- Life Member
- Veteran
- Members of age 65 and over
- Disabled members with documentation
- Officers of the Association
- Employees of the Association

I did not perform my 5 hours of service and understand this will cost me an additional \$50.00 (\$10 per hour for each hour not met) plus the annual fee. The fee BEFORE 12/31/2018 is \$50 plus \$50 is \$100.00.

I do not wish to rejoin.

MEMBER'S PRINTED NAME

MEMBER'S SIGNATURE

ASSOCIATION EMPLOYEE'S NAME

ASSOCIATION EMPLOYEE'S SIGNATURE

CASH/CHECK PAID \$ _____