
VOLUNTEER FIREFIGHTERS' BENEFIT ASSOCIATION OF MINNESOTA

P.O. BOX 822 Detroit Lakes, MN 56502 218-850-3101

APPLICATION

I hereby make application for membership in this Association and agree to abide by the Constitution and By Laws of the Association. First Premiums are attached.

Volunteer/ Paid on Call - \$11.00. Fulltime Firefighter - \$132.00. (This includes \$4.00 Membership Fee).

Payment must accompany application. Form must be signed.

Name in Full: (F,M, L) _____ Paid Vol

Fire Department: _____

Home Address: _____ Zip Code: _____

Date of Birth ____/____/____ Age ____ Single Married
MM DD YYYY

Primary Beneficiary: _____ Relationship: _____

Secondary Beneficiaries: _____ Relationship: _____ %: _____

Dated: ____/____/____ Signed Applicant: _____
MM DD YYYY

Phone: () _____ Cell: () _____

Chief Secretary: _____ / _____
Print Name Signature

(Fire Dept. Address) City State Zip Code

Certificates will be issued to every firefighter, upon completion of application and receipt of the annual premium.
Coverage is effective when certificate is dated and signed by Association Secretary and President.

Sec. 3 Art. 9 Report of Disability – Any member of this Association contracting sickness or injury on account of fire service must within 30 days (30) notify the Secretary of this Association of such sickness or injury.

Submit Application Form to:

Steven Spaeth

P.O. Box 822

Detroit Lakes, MN 56502