



Alabama Firefighters' Annuity & Benefit Fund



P.O. 71210
Tuscaloosa, Alabama 35407
1-855-531-3718

eMail: membership@alabamafirefightersabf.org

Web Site: <http://www.alabamafirefightersabf.org>

APPLICATION OF MEMBERSHIP

All information MUST BE completed before your application is considered. Incomplete applications will result in delays in your membership start date. Application fee of \$20.00 and proof of date of birth must be included with your application. Membership will be allowed only when all requirements are met as set forth in Section 36-21-187 Code of Alabama 1975.

FOR OFFICE USE ONLY

MEMBER INFO: {please print} Social Security No. _____

I am: (check one)

Full Time Firefighter _____ Part Time Firefighter _____ Volunteer Firefighter _____

Job Title: _____

AFPSEC Certification: _____ Firefighter _____ Fire & life Safety Educator _____ Fire Inspector _____ Airport Firefighter _____ Fire Investigator _____

Last Name: _____ First Name _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

eMail: _____ Gender: Male _____ Female _____

Date of Birth: ____/____/____ Date Fire Service Began: _____

Home Phone: ____/____-____ Work Phone: ____/____-____

DEPARTMENT INFO: (please print)

Department: _____ Current ISO Rating: _____

Street _____ City _____ Zip _____

County _____ Chief's Name _____

NAMED BENEFICIARY: (please print)

Last Name: _____ First Name _____

Residence Address: _____

Social Security No. _____ Date of Birth: ____/____/____

Relationship _____ Gender: Male _____ Female _____

I certify that I am a member in good standing with the above Fire Department and that I am employed or enrolled with this Department. I have included payment for application fee.

Signature of Applicant

I certify that the applicant has acquired the service record Claimed in this department. My official record shows that the Applicant is engaged or enrolled by this department as shown herein.

Sworn to and subscribed before me
this _____ day of _____, 20____.

Signature of Notary Public & Seal _____

My Commission expires on _____

Signature of Chief