NEW JERSEY STATE FIREMEN'S ASSOCIATION
MANAGER PETITION – MERCER COUNTY

Read the petition carefully and fill in all blank spaces where appropriate.

1. **Candidate must be a resident and a member of a Local Relief Association in the County that he/she is running.**
2. **Petition signers must sign in their own handwriting. They must print clearly, sign their name, and list their Local Relief Association.**
3. **The Candidate must be in the presence of each person signing the petition.**
4. **The Petition must be signed by at least two (2) Members of a Local Association in the County where the Candidate is running.**
5. **Petitions must be notarized by a qualified Notary Public prior to filing.**
6. **Petitions must be filed in the State Office on or before 1:00 pm, October 15, 2025.**

PETITION

TO THE NEW JERSEY STATE FIREMEN'S ASSOCIATION, 1711 ROUTE 34 SOUTH, WALL TWP. NJ 07727

We hereby certify that we are Members of the New Jersey State Firemen's Association in good standing and hereby petition your honorable body to have the name of _____
(Print Name in Full)

_____ _____ _____
(Name of Local Association) (E-Mail Address) (Phone Number)

Placed on the Official Ballot as a CANDIDATE for the position of MEMBER OF THE BOARD OF MANAGERS OF _____
(COUNTY)

	PRINT NAME	SIGN NAME	LOCAL RELIEF ASSOC.
1.			
2.			
3.			
4.			

Petition Filed (Date): _____ 20____ By_____
(Name in Full)

INFORMATION:
A candidate must be legally qualified with the Constitution and By-Laws of this Association to be elected to said office. This petition MUST be signed by at least two (2) Association members from the County that the candidate is running for and received in the State Office on or before October 15, 2025. NOTE: This Certificate of Acceptance, signed by the candidate and must be notarized.

I, _____, whose address is_____hereby certify that I am qualified, in accordance with the laws relating to the NJSFA to be elected as a member of the Managers of the New Jersey Firemen's Home, and I consent to stand as an office for election, and, if elected I agree to accept and qualify as a member of said body.

(Signed)_____Dated_____20_____

ATTEST:
Sworn and subscribed before me this _____day of _____, Two Thousand _____ A.D.

(L.S.)_____ _____
(Signed) (Notary Public of New Jersey)

This petition must be received by the State Office on or before 1:00 pm October 15, 2025.