

NEW JERSEY STATE FIREFIGHTER'S ASSOCIATION

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Joseph T. Hankins, President
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Glenn D. Roemmich, Secretary
Richard K. Dreby, 1st Asst. Secretary
Stephen C. Fazekas, 2nd Asst. Secretary
Jennie M. Hollingsworth, Field Examiner

WAIVER OF MEMBERSHIP

Date: _____

To whom it may concern,

I, _____, fully understand and accept the State Statute (43: 17-9) and the rules of the New Jersey State Firefighter's Association. With the understanding that by not filing the required Membership Application that was given to me by the _____ Firefighter's Relief Association Secretary, that I am not, nor is my family, entitled to relief or any other benefits that may be derived. Also, my next of kin are not entitled to any Burial Benefit.

PRINT NAME

SIGNATURE

WITNESS(ES) TO REFUSAL TO SIGN FORM

PRINT NAME

SIGNATURE

TITLE(?)

PRINT NAME

SIGNATURE

TITLE(?)

State of New Jersey)
)
County of _____,)

ss

On _____, 20____ before me, _____, Notary Public in and for said county, personally appeared _____, (signer/witness(es)) who has/have satisfactorily identified him/her/themselves as the signer(s) and/or witness(es) to the above referenced document.

Notary Public Signature

(Affix Notary Stamp Here)

My Commission Expires: _____