



Los Angeles Firemen's Relief Association
 P. O. Box 41903
 Los Angeles, CA 90041
 (800) 244-3439 or (323) 259-5200
 Member Services Extensions: 223 or 259
 www.lafra.org

Relief Association Application for Membership

Applicant Information:

(THIS FORM MUST BE SIGNED BY THE APPLICANT, DELIVERED OR MAILED, AND RECORDED AT LAFRA BEFORE IT BECOMES EFFECTIVE.)

Applicant's Full Name:	Social Security Number:	Birth Date:	Birth Place (City and State):
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Address:	City:	State:	Zip:
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Telephone Number:	Email Address:
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I was appointed in the Fire Department on:

Gender: Male Female

Marital Status: Single Married Separated Divorced

Date of Marriage:	Spouse's Full Name:	Spouse's Social Security Number:
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If divorced, give date (final decree) and from whom:

In case of accident or death, I wish you to notify:

Name:	Relationship:	Telephone Number:
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Address:	City:	State:	Zip:
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I hereby notify you that in case of my death, my beneficiaries are to be:

Primary Beneficiaries

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Total:			%

Secondary Beneficiaries

Total:			%

To the Board of Trustees, Officers, and Members of the Los Angeles Firemen's Relief Association:

Initials

I agree to conform to and abide by all laws, rules and regulations of said Association now in force or which hereafter may be adopted.

Initials

I also hereby make application for membership in the Life and Accident Department.

The statements herein contained are true to the best of my knowledge and I hereby agree that any misrepresentation or concealment of facts herein shall disqualify me to receive or participate in any of the benefits or privileges of membership.

Applicant's Signature

Date

Please mail original signed document to: Los Angeles Firemen's Relief Association
Attn: Member Services
P. O. Box 41903
Los Angeles, CA 90041

Optional – The following information is requested for statistics only.

Military Service/Branch:				
Father's Name	First:	Middle:	Last:	State or Country of Birth:
Mother's Name	First:	Middle:	Last:	State or Country of Birth:
If parents divorced give date and from whom:				

OFFICE USE ONLY

Effective Date: