

Raritan Township
Firemen's Relief Association
303 South Main Street Flemington, NJ 08822

I _____ understand that I must complete a membership application and must be accepted by the New Jersey State Firemen's Association to be a member of the Raritan Township Firemen's Relief Association.

I also understand that I am not entitled to any benefits of the New Jersey State Firemen's Association until I am accepted as a member.

Signature _____
Date

WAIVERS

1. I already participate in a Firemen's Relief Association and wish to keep my active membership with:

Company _____
Town _____ Zip _____
Name _____ Signature _____

2. I am over the age of 45 or under the age of 18 at this date and not eligible to join the N.J. Firemen's Relief Association.

Name _____ DOB __/__/__ Signature _____

Note: Original copy to Relief Secretary on acceptance of applicant into probationary membership by RTFC. Date: _____