



**JACKSON FIREFIGHTERS ASSOCIATION, INC.**

Local 87

**MEMBERSHIP APPLICATION**

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Primary Beneficiary / Relationship:**

\_\_\_\_\_

**Additional Beneficiaries / Relationship:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New Membership:** Yes \_\_\_ No \_\_\_

**Re-instatement:** Yes \_\_\_ No \_\_\_

**Method of Payment:**

**Bank Draft:** \_\_\_ **Cash:** \_\_\_ **Check:** \_\_\_

**All information is confidential and will not be released to any individual or organization that is not affiliated with the Jackson Firefighters Association, Local #87, or the International Association of Firefighters, IAFF, without the written approval of the member.**

Affiliated with the International Association of Firefighters, Mississippi Professional Firefighters Association, Mississippi State Firefighters Association, Southern Federation of Firefighters, Mississippi AFL-CIO, Jackson Central Labor Council