



PERSONNEL REPORT FOR 2008

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FDID # _____ FIRE DEPT. NAME: _____

OF MEMBERS: _____ DATE: _____

DUES PER MEMBER: \$10.00 FOR DUES AND \$20.00 FOR DEATH AND DISABILITY INSURANCE = \$30.00 EACH.

DUES TOTAL \$ _____

PLEASE TYPE OR PRINT:

	NAME	HOME ADDRESS	SS #	DATE OF BIRTH	CLASS OF MEMBERSHIP	FIREFIGHTER STATUS	DATE OF HIRE	EMAIL ADDRESS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								