

2017

CENTRAL OHIO RETIRED FIREFIGHTERS - 4-UNIT

2017

F/F or Widow

Name _____ DOB _____

Address _____ City _____ St _____ Zip _____

Tele (____)- _____ Date Retired _____ Retired From: _____

Spouse's Name _____ DOB _____ Email Address: _____

4-Unit dues- - C.O. R. F. 10.00 (_____)

State dues-----P. F. R. O. 25.00 (_____)

Donation to 4-Unit News (_____)

Decals 4-Unit 1.00/ea (_____)

Decals State P.F.R.O. 1.00/ea (_____)

2016 - 4 Unit Roster 5.00/ea (_____)

Make Check payable to 4-Unit C.O.R.F. for dues in the amount of \$35.00, plus any other options selected and

Mail to: Jerry Mason, 2232 Lynx Run, North Port, Fl 34288

(By using this application you do not have to pay any other dues)

TOTAL PAID \$ _____

PLEASE ENCLOSE A SELF ADDRESSED ENVELOPE with your application or your

MEMBERSHIP CARD and/or DECALS WILL NOT BE MAILED BACK TO YOU.

ROSTERS ORDERED WILL BE SENT OUT BY A SEPARATE MAILING.

*****Your dues are due each year on/before January 1st. Be sure to fill in all information requested, as it is all important. Be sure to include a self addressed envelope. Mail them back to me at the address listed above and I will process it for you. The first year for DROP members and new retirees is free.*****