Date						



New Employees Retirement Plan and Trust and Volunteers S.C. State Firefighters' Association

	(Please Prir	nt or Type)		
	Fire Departn	nent Name			
	County	F	DID		
<u>Name</u>	SSN	<u>Sex</u>	Date of <u>Birth</u>	Date of <u>Hire</u>	Paid or <u>Vol.</u>
	_				