



Georgia Firefighters' Pension Fund

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Department Information

Department Info	<p>(Please Print) Department: _____</p> <p><i>*If the department has volunteer members, the "Training for Volunteers" section must be completed</i></p> <p>Dept Type: Career Volunteer Combination County: _____</p> <p>Chief's Name: _____</p> <p>Email: _____</p> <p>Dept Mailing Address: _____ City: _____ Zip: _____</p> <p>Dept Physical Address: _____ City: _____ Zip: _____</p> <p>Phone(Dept): _____ Phone(Chief): _____ Phone(Fax): _____</p>
Training for Volunteers	<p>Regular volunteer meeting/training night: _____</p> <p>Frequency: _____ Beginning Time: _____ Ending Time: _____</p> <p>Typical meeting/training location: _____</p> <p>Additional meeting/training remarks: _____</p> <p>_____</p>
Other Dept Contact	<p>Name: _____</p> <p>Email: _____</p> <p>Mailing Address: _____ City: _____ Zip: _____</p> <p>Phone(Dept): _____ Phone(Cell): _____ Phone(Fax): _____</p>
Dept Dues Contact	<p>Name: _____</p> <p>Email: _____</p> <p>Mailing Address: _____ City: _____ Zip: _____</p> <p>Phone(Dept): _____ Phone(Cell): _____ Phone(Fax): _____</p>
Delegated Authority	<p>Individuals signing below have delegated authority to sign Pension Fund Documents.</p> <p>Name: _____ Title: _____</p> <p>Signature: _____</p> <p>Name: _____ Title: _____</p> <p>Signature: _____</p>

I certify that the above named Fire Department, meets all requirements as set forth in O.C.G.A. 47-7, and that my official records support the information presented in this form to be true and correct. I make this certification and affirmation under penalty of law and I understand that knowingly making a false statement on this form is a crime.

Signature of Chief

Date