



New Jersey State Firefighters Mutual Benevolent Association



Edwin Donnelly
President

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Wayne Wolk
Vice President

Troy Powell
Treasurer

Christopher Esposito
Secretary

I verify that the member listed below has met all of the requirements as per *Article 2, Section 3B and 3C* of the NJ FMBA BY-LAWS in order to obtain the prestigious recognition as a NJ FMBA Lifetime Member. The requirements for Lifetime Membership are as follows:

Requirements for Life Membership

Article 2, Section 3B and 3C of the NJ FMBA BY-LAWS

(B) A member of this State Association after having served three (3) consecutive years as a **President or Executive delegate** of a Local, or a combination of the two (2), and having attended a minimum of fifteen (15) Executive Committee meetings and three (3) Annual Conventions within the three (3) years shall be a life member of this State Association.

(C) A member of this State Association after having served four (4) consecutive years as a **Vice President, Secretary, Treasurer, Alternate Delegate, Sergeant-at-Arms or members elected to the Board of Directors/Trustees** of a Local, or a combination of any of the above and having attended a minimum of twelve (12) Executive Committee meetings and four (4) Annual Conventions within the four (4) year period shall be a life member of this State Association.

Once you have submitted the member listed below for Lifetime Membership, the Secretary of the NJ FMBA will verify our records that said member has indeed fulfilled his/her requirements. You will be notified by email or mail of either decision or for further clarification.

Applications for Life Time Membership shall be submitted to the Secretary of the NJ FMBA no later than (1) one month from the Annual September Convention.

Members Name: _____ Local Number _____
Mailing Address: _____ Email: _____

Members Local Position: _____ Dates in Office: _____ - _____

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(2 of the 3 officers signatures are required. Applicant may not sign off on self)

Local Presidents Name: _____
Local President Signature: _____

Local Vice-Presidents Name: _____
Local Vice-President Signature: _____

Local Delegates Name: _____
Local Delegates Signature: _____