



Schaumburg Firefighters Pension Board
1601 North Roselle Road
Schaumburg, Illinois 60195
847-923-6640

www.schaumburgfirepension.org

**BOARD OF TRUSTEE OF THE FIREFIGHTERS' PENSION FUND
OF THE VILLAGE OF SCHAUMBURG, ILLINOIS**

APPLICATION FOR MEMBERSHIP

I hereby make application to come under the terms and conditions of the Firefighters' Pension Fund of the Village of Schaumburg, Illinois. I understand that my contributions deducted from my paycheck will be placed into an escrow account until such time as I have fully satisfied the Board of Trustee terms and conditions and have been approved for membership into the pension fund of the Schaumburg Firefighters' Department.

Name _____

Date of Birth _____ Place of Birth _____

Spouse's Name _____ Spouse's Date of Birth _____

Married on _____ Married at _____

List all minor children with their dates of birth.

_____ Born _____

_____ Born _____

_____ Born _____

_____ Born _____

I was first appointed to a full time firefighter on _____ and have continued to serve since that date. If service has been broken, list all date of departure and re-entry into Pension Fund on attached Form 7B. Certified copies of birth and marriage certificates will be furnished by me at the request of the Board of Trustees.

Applicant _____

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Approved for membership in the Firefighters' Pension Fund, Schaumburg, Illinois and
duly recorded in the minutes, date _____.

Secretary Board of Trustees
Firefighters' Pension Fund