## **Ohio State Firefighters' Association**

## Legal Defense Trust Fund Application for Membership

From:	"Initial Membershi	p Roster"	Dated:
Fire Department Name:		Ce	ert ID#
Address:			
City	_ StateZip	)	
Please return this completed form	to:		
Ohio State Firefighters' Association LDTF Comptroller P.O. Box 400 Mogadore, OH 44260-0400	on		
	ers' Association, the Leg		s are to be covered in the special escrov Fund. I certify that the following is
This is a one time payment for said nu	imber of members.		
Present number to be covered @ \$	67.00 ea.: Che	eck No	Check Amount \$
Members full name and rank:			
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Please list additional names on additional sheets and keep a copy for your records. Names of new members may replace the names of any member who may have been dropped from your membership roster at no additional charge at any time.