

Date _____	Title/Rank _____																			
First _____	MI _____	Last _____																		
Dept/Business _____																				
Email (required) _____		Best Phone # _____																		
Address _____																				
City _____	St _____	ZIP _____																		
<p><b>Check your District VP</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st District</td> <td style="width: 33%;">Chief Stephen Kyle, Paducah</td> <td style="width: 33%;">Check the membership you are applying for</td> </tr> <tr> <td>2nd District</td> <td>Asst. Chief Dustin Rockrohr, Bowling Green</td> <td><input type="checkbox"/> Volunteer \$25.00</td> </tr> <tr> <td>3rd District</td> <td>Chief Pat Walsh, McMahan</td> <td><input type="checkbox"/> Combination \$50.00</td> </tr> <tr> <td>4th District</td> <td>Chief Kelly Aylor, Florence</td> <td><input type="checkbox"/> Career \$50.00</td> </tr> <tr> <td>5th District</td> <td>Chief Jeff Anderson, Morehead</td> <td></td> </tr> <tr> <td>6th District</td> <td>Chief Cathy Rigney, Winchester</td> <td></td> </tr> </table>			1st District	Chief Stephen Kyle, Paducah	Check the membership you are applying for	2nd District	Asst. Chief Dustin Rockrohr, Bowling Green	<input type="checkbox"/> Volunteer \$25.00	3rd District	Chief Pat Walsh, McMahan	<input type="checkbox"/> Combination \$50.00	4th District	Chief Kelly Aylor, Florence	<input type="checkbox"/> Career \$50.00	5th District	Chief Jeff Anderson, Morehead		6th District	Chief Cathy Rigney, Winchester	
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Complete this form for your \$10,000 AD&D Coverage. (make a copy for you record)																				
The KENTUCKY ASSOCIATION OF FIRE CHIEFS is the Policy Holder		Policy #9907-56-90																		
<p><i>Hereby revoking any and all previous designation, I designate the person(s) on this form as my Beneficiary(ies) to receive any payment from the policy or certificate number shown above.</i></p>																				
Original Designation	<input type="checkbox"/> <i>I fully understand that this designation of Beneficiary(ies) applies to the full Accidental Loss of Life Benefit Amount that is in force</i>																			
Change of Designation	<input type="checkbox"/> Date _____																			
<p>Signature _____</p>																				
%	Name of Beneficiary _____ Relationship _____																			
	Address _____	City _____	State _____	Zip Code _____																
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Mail Check to: Kentucky Assoc. Fire Chiefs 722 Terry Drive Winchester KY 40391		OR	Pay online at: <a href="http://www.kychiefs.com">www.kychiefs.com</a>																	