

Date: _____

**Prince George's County Volunteer Fire/EMS
Length of Service Award Program
Volunteer Member Information**

Check one:

New Member Information

Change of Information

Transfer of Membership (Attach Form 1025a)

Submittal for Award (Attach Form 1025a)

Complete the Following Information:

| | Changes only: |
|---|---|
| _____ (Full Name) | _____ (Full Name) |
| _____ (Address) | _____ (Address) |
| _____ (City) (State) (Zip) | _____ (City) (State) (Zip) |
| _____ (Area Code) (Telephone Number) | _____ (Area Code) (Telephone Number) |

PGFD I.D. #: _____

Initial Date of Membership: _____
(Mo.) (Day) (Yr.)

Social Security Number: _____

Date of Birth: _____
(Mo.) (Day) (Yr.)

I verify that the information listed on this report is correct and current and is to be used by the Fire Commission for the administration of the LOSAP program.

Member Signature

Volunteer Fire/EMS Company Name

Company President Signature

Volunteer Fire/EMS Station Number

Company Secretary Signature