

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)
 From Company _____
 To Company _____

Complete the Following	
_____ (Full Name)	_____ (Full Name)
_____ (Address)	_____ (Address)
_____ (City) (State) (Zip)	_____ (City) (State) (Zip)
_____ (Area Code) (Telephone Number)	_____ (Area Code) (Telephone Number)
_____ E-Mail	_____ E-Mail

PGFD ID # _____

Initial Date of Membership: ____/____/____
 (Date of entry to PGC FEMSD) (Mo) (Day) (Year)

Social Security Number: _____

Date of Birth: ____/____/____
 (Mo) (Day) (Year)

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. I understand it is my responsibility to take this completed form and a completed 1025a to the new company so that my LOSAP Service Credit can be properly reported. If I fail to take the form to the new company, I understand that my LOSAP benefits may be adversely affected.

 Member Signature

 Volunteer Fire/EMS Company Name

 Company President Signature

 Volunteer Fire/EMS Station Number

 Company Secretary Signature

PGC Form #1023 (Rev. 6/15)