

# MEMBERSHIP ROSTER

INSURED: \_\_\_\_\_

POLICY NO: \_\_\_\_\_

EFF. DATE: \_\_\_\_\_

CUST NO: \_\_\_\_\_

	NAME	ADDRESS	DATE OF BIRTH	MEMBERSHIP DATE	MEMBERSHIP CLASSIFICATION	TERMINATION DATE	VFIS BENEFICIARY FORM COMPLETED
1							
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**Membership Classifications:** Active Volunteers, Career Members, Auxiliary Members, Junior Members, or Trustees, Commissioners, Directors, etc.

