

# List of Firefighters for Income Protection Plan

Municipal League Worker's Compensation Trust 501-978-6127

To join or renew the League's Firefighters Income Protection Plan for volunteer and part-paid firefighters of your city or town please provide the following:

## A list of names of volunteer and part-paid firefighters

1.	_____	23.	_____
2.	_____	24.	_____
3.	_____	25.	_____
4.	_____	26.	_____
5.	_____	27.	_____
6.	_____	28.	_____
7.	_____	29.	_____
8.	_____	30.	_____
9.	_____	31.	_____
10.	_____	32.	_____
11.	_____	33.	_____
12.	_____	34.	_____
13.	_____	35.	_____
14.	_____	36.	_____
15.	_____	37.	_____
16.	_____	38.	_____
17.	_____	39.	_____
18.	_____	40.	_____
19.	_____	41.	_____
20.	_____	42.	_____
21.	_____	43.	_____
22.	_____	44.	_____

Submit this completed list with the names of your volunteer and part-paid firefighters with check payable to:

**Firefighters Income Protection Plan**

**P.O. Box 37**

**North Little Rock, AR 72115**

Number of Firefighters \_\_\_\_\_ X \$20.00 = \_\_\_\_\_

City/Town Name: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_  
(Your Name)

\_\_\_\_\_  
(Your Title)

\_\_\_\_\_  
(Your Phone)