

Calendar Year \_\_\_\_\_



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**One-Percent Local Board of Trustees  
South Carolina State Firefighters' Association**

(Please Type or Print)

Name of Fire Department \_\_\_\_\_

County \_\_\_\_\_ FDID# \_\_\_\_\_

Type of Department: Municipality  County  SPD

Other  Please Specify: \_\_\_\_\_

The following individuals are serving as the Local Board of Trustees for the above fire department for this calendar year:

_____	_____	_____
Print Name	Title	Signature
_____	_____	_____
Print Name	Title	Signature
_____	_____	_____
Print Name	Title	Signature
_____	_____	_____
Print Name	Title	Signature
_____	_____	_____
Print Name	Title	Signature

I, \_\_\_\_\_ (Print Name of Fire Chief), certify the above named individuals are serving as members of the Local Board of Trustees of my fire department for this calendar year.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Fire Chief