



## NOTICE OF CONTRIBUTION SUSPENSION (TO RESUME AT A FUTURE DATE)

### COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

#### PART A. MEMBER INFORMATION

2. <b>Name</b> (First, Middle Initial, Last)		
3. <b>Address</b> (Street, City, State and Zip+4)		
4. <b>Social Security Number</b>	5. <b>Date of Birth</b>	6. <b>Phone Number</b>
7. <b>Department/Squad Information</b> <input type="checkbox"/> Fire <input type="checkbox"/> Rescue   Department/Squad Name: _____ Location/County: _____ Original Enrollment Date: _____		

#### PART B. MEMBER CERTIFICATION (Check appropriate block)

<input type="checkbox"/> I will temporarily suspend my contributions in the following quarter (select one quarter) <input type="checkbox"/> Jan-Mar _____(yr) <input type="checkbox"/> Apr-Jun _____(yr) <input type="checkbox"/> Jul-Sep _____(yr) <input type="checkbox"/> Oct-Dec _____(yr)	
<input type="checkbox"/> I will resume my contributions in the following quarter (select one quarter) <input type="checkbox"/> Jan-Mar _____(yr) <input type="checkbox"/> Apr-Jun _____(yr) <input type="checkbox"/> Jul-Sep _____(yr) <input type="checkbox"/> Oct-Dec _____(yr)	
<input type="checkbox"/> The date I will resume my contributions is unknown at this time.	
<b>Acknowledgement:</b> I acknowledge that in order to be reinstated without paying a \$25 fee, I must be a member in good standing and file this form before stopping my contributions. To resume contributions, I must file the Application for Membership (VOLSAP-1) and check the appropriate block in Part B (the Member Certification) of that form.	
_____	_____
Member Signature	Date

#### PART C. DEPARTMENT/SQUAD CERTIFICATION

I certify the above named applicant is a current member of the department/squad named above and that I am temporarily removing his or her name from the Transmittal Report.	
_____	_____
Authorized Signer's Printed Name	Date
_____	_____
Authorized Signer's Title	Daytime Phone Number
_____	
Authorized Signature	

Send completed form to:

Wells Fargo IRT Texas Service Center/VOLSAP  
P.O. Box 2577  
Waco, TX 76702-2577

Email questions to:  
volsap@varetire.org