



MEMBERS' FUNDS TRANSMITTAL REPORT COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

PART A. MEMBER REPORT (PLEASE PRINT)

Transmittal Information	
Department/Squad Name: _____	Location/County: _____
Check the appropriate box: <input type="checkbox"/> No changes since last transmittal <input type="checkbox"/> New members since last transmittal (checked below)	
<input type="checkbox"/> Change(s) in membership <input type="checkbox"/> Change(s) in contribution amount(s)	

Member Information						
Name	Social Security Number	✓ if new	Member Contribution	Locality (Other) Contribution	General Fund Contribution	Total Contribution

Deletions from Membership		
Name	Social Security Number	

Page ____ of ____

(Attach additional pages if required.)

Report Totals	Subtotal (if additional pages are attached): \$ _____
	Total funds transmitted with this report: \$ _____

PART B. DEPARTMENT/SQUAD CERTIFICATION

I certify the information above is correct and that the members of the designated Department/Squad are eligible to participate in the VOLSAP Fund.

_____	_____
Authorized Signer's Printed Name	Date
_____	_____
Authorized Signer's Title	Phone Number

Authorized Signature	

Send completed form and one check to: (Must be a department or squad check)	Principal Custody Solutions/VOLSAP 510 N. Valley Mills Dr., Suite 400 Waco, TX 76710	Email questions to: volsap@usi.com
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