



# 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:  No changes since last transmittal  New members since last transmittal (checked below)  
 Change(s) in membership  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@varetire.org](mailto:volsap@varetire.org)