

UNIFORMED PROFESSIONAL FIRE FIGHTERS ASSOCIATION OF CONNECTICUT

AFFILIATED WITH INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

30 Sherman Street, West Hartford, CT 06110

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PRINCIPAL OFFICERS

Peter S. Carozza, Jr., *President*

Louis P. DeMici, *Secretary*

Dominic M. Cutaia, *Treasurer*



Alumni Association

Application

Name: _____ Former Local # : _____

Address: _____ City/Zip: _____

Name of Retiree Org: _____

Billing Address: _____

City, State, zip: _____

Please read and sign below

I understand that the President of my former Local and a Representative of my Retiree organization must sign this application.

I understand that this Alumni Association is **SOLEY** intended to be for communicating issues affecting retirees and is **NOT** intended to represent me in any issues regarding collective bargaining.

I understand that membership in the Alumni Organization only entitles me to a subscription to the UPFFA newspaper/magazine, usage of the State of Connecticut IAFF license Plate, the right to purchase UPFFA Public Relations items, the right to attend all meetings of the Alumni Association in my District, the right to attend "general" meetings of the Alumni Association, the right to select a representative from the Alumni Association to attend the Delegates meeting of the UPFFA.

I understand the Retiree Organization that I belong to will set their own dues structure which I agree to pay knowing that a per capita charge will be assessed to the Retiree Organization.

I further understand that this membership does not give me the right to vote on any Local, State, or International issues.

Signature of Applicant

Former Local President

Retiree Organization Rep.