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					maintained	members should be on the cumulative me tter how long the individua	mbership roster.
(Nan	ne of Relief Association)		(	(County)			
NAME	ADDRESS	EMAIL A	DDRESS	DATE OF BIRTH	MEMBERSHIP DATE	MEMBERSHIP CLASSIFICATION (Volunteer, Paid, fire police, social, active, retired, etc.)	TERMINATION DATE

				maintained (Does not mat	on the cumulative me ter how long the individua	mbership roster. al was a member)
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