JEFFERSON TOWNSHIP FIRE COMPANY #2

AUXILIARY MEMBERSHIP APPLICATION

Name:_____
First Middle Last

Address: _____

City : _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____ D.O.B.: _____

Employer: _____ Work Phone: _____

Fire Dept. Auxiliary Experience:_____

_____

Referred by: _____

Allergies: _____

Disabilities: _____

In case of emergency, please notify: _____

Relationship: _____ Phone Number: _____

I understand as a member of the Jefferson Township Fire Co.2 Auxiliary I will be required to give freely of my time to attend meetings, events, work on committees, and will adhere to the bylaws set forth.

I realize that if I, _____, am accepted for membership in the Jefferson Township Fire Department Co. 2 Auxiliary that I will be giving part of my time to public service. I realize that giving some form of public service is the duty of every citizen and hereby give my consent to this application.

Signature of Applicant: _____ Date : _____

Approved by: _____ Date: _____
President

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