

*Fort Hunter Volunteer Fire Company Auxiliary
3525 Carman Road
Schenectady NY 12303*

MEMBERSHIP APPLICATION

I, the undersigned, hereby make application for membership in the **Fort Hunter Volunteer Fire Company Auxiliary** and if elected to membership, I promise to abide by the Constitution and the BY-Laws of the Organization.

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone _____ Work Phone (Optional) _____

Email Address: _____

Are you 18 years of age or over: Yes No

Do you have a relative, friend, or spouse in the Fort Hunter Volunteer Fire Company?
 Yes No

Do you agree to attend 2 Business Meetings, 2 Monthly Meetings, and assist on 4 Events?
 Yes No

Why do you want to become a member of the Auxiliary? _____

Do you have any ideas of anything you would like to see the Auxiliary do? _____

Signature of Applicant: _____