

# Frederica Fire Company

## Ladies Auxiliary

PO Box 283, Frederica De 19946

Fax (302) 335-1169

Application for Membership

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Homephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ SS # \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Number of children \_\_\_\_\_

Membership in Frederica Fire Co. Yes \_\_\_ No \_\_\_

Membership held in other Fire Co. or Auxiliary. Yes \_\_\_ No \_\_\_ ( \_\_\_\_\_ )

I hereby make application for membership to the Frederica Fire Company Ladies Auxiliary, and if accepted, agree to attend all functions and meetings in so far as I am able. I agree to abide by the By-Laws, Rules and Regulations of the Auxiliary.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Frederica Fire Co. Ladies Auxiliary

Acceptance \_\_\_\_\_ Rejection \_\_\_\_\_

Date Accepted or Rejected for membership \_\_\_\_\_

Auxiliary President's Signature \_\_\_\_\_