

*New Jersey & New York
Volunteer Firemen's Association*

APPLICATION FOR MEMBERSHIP

I HEREBY MAKE APPLICATION FOR PERSONAL MEMBERSHIP IN THE NEW JERSEY & NEW YORK VOLUNTEER FIREMEN'S ASSOCIATION.

This is to certify that _____
NAME (PRINT OR TYPE)

Address CITY & STATE ZIP CODE

Never having held membership in the New Jersey & New York Volunteer Firemen's Association and have elected to represent the

Name of Department and Company

Address Town State Zip
Code

Any of the following persons shall be eligible for Personal Membership:

- A. Any Firefighter who has served at least one term as a Delegate to the NJNY VFA Convention
- B. Any Firefighter or Rescue Squad Member, in Good Standing, may apply for membership by filling out this application.

DATED _____, 20____

SIGNATURE

Approved:
Meeting Date _____

Card # _____

Financial Secretary

\$10.00 Dues Attached