

FARMINGTON VOL. FIRE CO. #4
LADIES AUXILIARY

SOCIAL OR ACTIVE MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

SSN#: _____

TELEPHONE #: _____

DATE OF BIRTH: _____

MARRIED: _____ SINGLE _____

MALE: _____ FEMALE: _____

OCCUPATION: _____

ARE YOU A UNITED STATES CITIZEN: YES _____ OR NO _____

DO YOU HOLD A VALID NEW JERSEY DRIVERS LICENSE: _____

DRIVERS LICENSE #: _____

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS CORRECT
AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____

Auxiliary Meetings are held on the second Monday of every Month.