

# *Ulster Fire/Rescue Training Center Association, Inc.*

*259 Ulster Landing Road  
Kingston, New York 12401*

*Phone (845) 382-1525  
email – ulstertraining@gmail.com*

## **MEMBERSHIP APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**TYPE OF MEMBERSHIP:** MEMBER ORGANIZATION \_\_\_\_\_ BOOSTER \_\_\_\_\_

### **GENERAL INFORMATION:**

Board of Directors meetings are scheduled for the 4th Tuesday of each month. Companies/Departments should have their Delegate or an Alternate Delegate at each meeting so that your voice is heard. Member input is very important to us.

The Training Meetings are scheduled for the 3rd Tuesday of odd months. Companies/Departments should have their Training Officer or Alternate at every meeting so that we know what training their Companies/Departments are looking to drill on and so that they know what training is coming up.

Companies/Departments are NOT required to do work at the facility except for their own clean up, however any help is appreciated.

Our calendar year runs from July 1st to June 30th.

**FEES:** First year dues are One Hundred Dollars (\$100.00).  
Every year after the first year, the dues are Fifty Dollars (\$50.00).  
Individual Booster is Five Dollars (\$5.00) per year.

Please provide the following information.....

Chief officer: Name \_\_\_\_\_ phone number \_\_\_\_\_

Address \_\_\_\_\_

Delegate: Name \_\_\_\_\_ phone number \_\_\_\_\_

Address \_\_\_\_\_

Alternate: Name \_\_\_\_\_ phone number \_\_\_\_\_

Address \_\_\_\_\_

Training officer: Name \_\_\_\_\_ phone number \_\_\_\_\_

Address \_\_\_\_\_

### **OFFICE USE ONLY**

Date accepted: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Secretary: \_\_\_\_\_