

## Application For Membership Volunteer Fire Police Association Of The State Of New York Auxiliary

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Town, State, Zip

Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

Month & Day of Birth (optional) \_\_\_\_\_

Fire Department Affiliated With \_\_\_\_\_

V.F.P.A.S.N.Y. AREA# \_\_\_\_\_ County \_\_\_\_\_

Name and Relationship of V.F.P.A.S.N.Y. MEMBER

Signature \_\_\_\_\_

Send \$3 dues for one year to:

Mary Way  
73 Frazier Street  
Brockport, NY 14420-1643

The V.F.P.A.S.N.Y. Auxiliary would like to invite you to become a member of our organization. The auxiliary was created to support the volunteer fire police for the betterment of the fire service and to cooperate with V.F.P.A.S.N.Y. We also sponsor two adoptees from the Firemen's Home on the Hudson and sponsor some activities at the home. Any relative of a member in good standing of the V.F.P.A.S.N.Y., but not limited to a spouse, significant other, mother, father, brother, sister, daughter, and son can join our organization. We look forward to having new members and would welcome you with open arms. An application form is enclosed. You can send it to Mary Way, Sec at 73 Frazier Street, Brockport, NY 14420-1643, phone xxx-xxx-xxxx. Dues are \$3 a year.