

**THE VOLUNTEER FIRE POLICE ASSOCIATION OF THE STATE OF NEW YORK**  
**MEMBERSHIP APPLICATION**

REVISED 04/10/21

To join our Association fill out the form below and enclose your check for **\$11.00\*** made out to **VFPASNY**

RETURN TO: Jon Wicks, VFPASNY Membership Secretary

13 Ninth Street

Carle Place, NY 11514

Telephone: 516-754-2058

Email: [Membership.Secy@VFPASNY.com](mailto:Membership.Secy@VFPASNY.com) or [jwwicks13@aol.com](mailto:jwwicks13@aol.com)

County & Area \_\_\_\_\_

Name : (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fire Dept. / Company: \_\_\_\_\_ NYS Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Fire Chief's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Are you an active Fire Police member of your Dept. /Co.? Yes: \_\_\_\_ No: \_\_\_\_

Is the Dept. or Company paying for your dues? Yes: \_\_\_\_ No: \_\_\_\_

**VFPASNY by-laws require you must be a Fire Police member of your Dept. /Co. to join.**

***Declaring that this information is correct, I hereby apply for membership.***

Your Signature: \_\_\_\_\_

***An Officer of the above Firematic unit must certify this application.***

**CERTIFICATION:** I certify that the above applicant is an active member in good standing with our Fire Police.

Signature of Dept/Co. Officer: \_\_\_\_\_ Title: \_\_\_\_\_

***A Director or Member of this Association in good standing needs to sponsor you.***

Sponsor: \_\_\_\_\_ ID # \_\_\_\_\_

**It is the member's responsibility to make sure his/her dues are paid by January each year.** When the dues are paid, a membership card or sticker will be mailed to you or your Department/Company. Publications & communications are mailed to each member address on file, **your mailing address and phone number must be kept up to date at all times to ensure you receive communications.** Thank you for applying to our Association.

***For office use only:*** Membership Secretary verification for completeness & accuracy: \_\_\_\_\_

Application fee enclosed \$ \_\_\_\_\_ cash / MO / (P)(D) check# \_\_\_\_\_

Membership Assigned # \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_