FAIRCHESTER HOSE HAULERS OF THE HUDSON VALLEY MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY SPONSORED BY_____DATE_____

NAME _____

OCCUPATION _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

ARE YOU A MEMBER OF SPAAMFAA - YES _____ NO _____

ARE YOU A MEMBER OF OTHER CHAPTERS, IF YES PLEASE LIST BELOW.

_____

ARE YOU A MEMBER OF A FIRE DEPT. OR OTHER EMERGENCY SERVICE ORG. – IF YES PLEASE LIST BELOW.

_____

MEMBERSHIP CLASSIFICATION (check one)

___INDIVIDUAL ____FAMILY UNIT ____ JUNIOR ____ BUSINESS

___ FIRE DEPT. OR OTHER EMERGENCY SERVICE ORG. – CONTACT NAME _____

DUES • Make checks payable to FHHHV

Individual	$25.00
Family Unit	$40.00
Junior	$10.00
Emergency Service Org. .	$50.00
Business or Corporation	$90.00

RETURN APPLICATION WITH PAYMENT TO

Dorothy Harrison
6 Daley Rd.
Poughkeepsie, NY 12603

OWNED APPARATUS (YEAR / MAKE / TYPE) USE OTHER SIDE IF ADDITIONAL SPACE IS NEEDED

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