



Name: _____ Date of Birth: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Preferred Phone Number: _____ () Day/Work () Night () Cell
 E-mail Address: _____

Qualifications:
 _____ Spouse/Significant Other is a member in good standing of the "Firemen's Association of the State of Pennsylvania."
 _____ Active membership in a local fire company's auxiliary.

Affiliated Organizations:

Fire Department: _____ Auxiliary Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ City: _____ State: _____
 County: _____ Zip Code: _____ County: _____ Zip Code: _____

I understand that if accepted into the Women's Auxiliary, I will become a Beneficial Member provided I have not reached my forty-sixth (46) birthday prior to signing this application.

Beneficiary: Name: _____ Relationship: _____

N/A: _____

Signature: _____

Date: _____

Please include:

- ___ A copy of spouse's current membership card
- ___ A copy of current auxiliary membership card
- ___ Dues (\$5.00) for one year beginning in September, 20__

State Ladies Auxiliary Only: Credentialing Committee: Approval by: _____ Date: _____ Approved: ___ Not Approved: ___ Date: _____ _____ President's Signature: _____ Date: _____
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