

**APPLICATION FOR MEMBERSHIP  
FULLER ROAD LADIES AUXILIARY**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_

**If under 18, please have parental signature at bottom of application.**

REFERENCES - NOT RELATED TO YOU - **Name, Address and Phone Number**

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you had any previous connections with this or another fire auxiliary? \_\_\_\_\_

If yes, what Company? \_\_\_\_\_ Length of time? \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Reason for joining Fuller Road Auxiliary: \_\_\_\_\_

Will you abide by the Constitution, By-Laws and rules of the Fuller Road Ladies Auxiliary? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Parental Signature \_\_\_\_\_

***Please note: Initiation Fee and one year's dues must be paid when application is submitted.***

Initiation Fee           \$ 10.00

One Years Dues        \$ 10.00

\$20.00

Date application and initiation fee received \_\_\_\_\_

Investigation Committee Chairlady \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recording Secretary \_\_\_\_\_ Date: \_\_\_\_\_