



Somers Point Volunteer Fire Company #2 Ladies Auxiliary

Application For Membership

Name : _____

Address: _____

Mailing Address: _____

Zip Code _____

Phone Number : [] _____

Are you over the age of eighteen [18] Birthdate: _____

Do you now belong to any other organizations? If yes, what organizations do you belong to:

How do you think you could best help us assist the Somers Point Fire Company #2, Inc.?

____ Fund Raising _____ Support At Meetings _____ Support At Emergencies
____ New Ideas _____ Other

Interviewed by Membership Committee Members:

_____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____

Application Fee of \$5.00 and Membership Fee \$3.00

Paid \$ _____ Due \$ _____

Date of meeting that membership was voted upon: _____

Date of FIRST meeting attended: _____