

**NEW JERSEY AND NEW YORK VOLUNTEER
FIREMAN'S ASSOCIATION**

**PLEASE PRINT OR TYPE ALL INFORMATION
DUES \$25.00 PER YEAR PER COMPANY**

NAME OF COMPANY: _____

ADDRESS: _____

TOWN OR CITY: _____

STATE AND ZIP CODE: _____

RETURN TO:

JOHN P. SCHWEDHELM

5 CARLSON STREET

LITTLE FERRY, N.J. 07643