

## **Application for Membership**

This application is for either Personal or Company / Department Membership in the New Jersey New York Volunteer Firemen's Association.

Any Firefighter or Rescue Squad Member, in Good Standing, may apply for personal membership by filling out this application.

**Personal Membership Information** 

Name of Applicant						DOB		<i></i>
Address			City	1				
State			Zip	Code				
E-Mail Address								
Phone numbers	Home Mobile							
Fire Department Nan	ne	Date joine			oined [	Dept.		
Signature of Applicant								
Any Fire Company, Fire Department or Rescue Squad can apply for membership by filling out this section of the application.								
Company / Department Membership Information								
Name Company / Department								
Address			City	,				
City				Code				
Contact E-Mail			Cor	tact Pho	none#			
Signature of Officer								
Please submit a printed copy of this application with \$20 for Personal Membership dues or \$35 for								
Company / Department dues to any of the following:								
Member of the association								
Mail this printed form With Dues amount to:								
Financial Secretary John Schwedhelm								
5 Carlson Street								
Little Ferry, NJ 07643								
For NJNY Volunteer Firemen's Association Use Only								
Dues Attached $-\Box$	Checl	k— □ Cash— □	Check#			Amo	unt \$	•
Meeting Date Appro	ved		Member	ship Car	d #			
Financial Secretary	cial Secretary				Date	е		J

Note: Personal Membership applicants please fill out a Death Beneficiary Form and submit with the membership application

Revised 10/18/2023 1