



THE LADIES AUXILIARY
Of The
NIVERVILLE FIRE DEPARTMENT, INC.
P.O. Box 39
NIVERVILLE, NEW YORK

Membership Application

TO: THE NIVERVILLE FIRE DEPARTMENT LADIES' AUXILIARY

LADIES: I hereby apply for membership in the Ladies' Auxiliary of the Niverville Fire Department, Inc. of Niverville, New York.

I am 18 years of age or older, a citizen of the United States and a resident of the Niverville Fire District or in the Kinderhook Lake Fire Protection District or neighboring district.

If I am accepted into the Auxiliary, I agree to abide by the by-laws.

Applicant Name _____

Address _____

Date of Birth _____ *Phone #* _____

Why would you like to join? _____

Recommended by: (if anyone) _____

Application Received By: _____



Date Received: _____ Date Voted on: _____

This applications must be submitted with a \$ 2.00 application fee. Your membership application will be held for one month and then will be voted on by the general body of the auxiliary. You will be contacted after the vote of your membership by one of our officers. When voted in, you will be responsible to pay \$2.00 in yearly dues.
Dues are payable in January of each year.