

HIGHLAND MILLS FIRE COMPANY LADIES AUXILIARY
P.O. BOX 316
HIGHLAND MILLS, NY 10930
APPLICATION FOR MEMBERSHIP



Date: _____

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite No.)

_____ (Town) (State) (Zip Code)

3. Home Phone: (____) _____ Cell Phone: (____) _____
Work Phone: (____) _____ E-Mail: _____

4. How long have you resided at the above address? Years: _____ Months: _____

5. How long have you resided in New York? Years: _____ Months: _____

6. Are you 18 years of age or older? Yes ___ No ___ If **No**, state age: _____

7. Are you a citizen of the United States? Yes _____ No _____

8. If you are not a citizen of the United States, do you have the legal right to remain permanently in the United States? Yes _____ No _____

9. Do you have any known allergies? Yes _____ No _____
If **Yes**, explain: _____

10. Do you have any known medical conditions? Yes _____ No _____
If **Yes**, explain: _____

11. Name as it appears on Driver's License: _____

12. Driver's License Number: _____

13. State of Issuance: _____

14. Shirt Size: _____

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IN CASE OF EMERGENCY:

CONTACT NAME: _____

CONTACT PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

Dues due upon application: \$20.00/year (January 1 through December 31)

Paid: _____ No: _____

Signature of Applicant: _____

Signature of Reinstatement Organizer: _____

Accepted on(Date): _____