

The Suffolk County Volunteer Firemen's Association Inc.

Application for Membership

.....UNIT - \$25.00 per year – (Department, Company, Organization)

UNIT Name.....

Mailing Address.....

.....

.....Zip.....

.....INDIVIDUAL - \$10.00 per year

Name.....

Mailing Address.....

.....Zip.....

Date:

Signed.....

Office (if any).....

Make checks payable to:

The Suffolk County Volunteer Firemen's Association

Mail to:

William Rowse

Financial Secretary

223 Cedar Avenue

Patchogue, NY 11772