



The Suffolk County Volunteer Firemen's Association Inc. Application for Membership

____ UNIT - \$30.00 per year – (Department, Company, Organization)

Unit Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Delegate/Phone Number: _____

____ INDIVIDUAL - \$15.00 per year

Name: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Telephone: _____

Department/Offices Held (if any): _____

*We do not share any personal information. It helps to keep costs low by contacting members through telephone/email for important updates.

Make checks payable to:

The Suffolk County Volunteer Firemen's Association

Mail to:

**Suffolk County Volunteer Firemen's Association
Dan Brooks, Financial Secretary
26 Salem St
Patchogue, NY 11772**