

# The Suffolk County Volunteer Firemen's Association Inc.

## Application for Membership

\_\_\_\_\_UNIT - \$25.00 per year – (Department, Company, Organization)

UNIT Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_INDIVIDUAL - \$10.00 per year

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Fire Department: \_\_\_\_\_

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**