

Highland Hose Co. No. 1 Ladies Auxiliary, Inc.
P.O. Box 952
Highland NY 12528

MEMBERSHIP APPLICATION AND REQUIREMENTS

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell # _____

Mission Statement:

The purpose of this organization is to provide support to the Highland Hose Co. No. 1, Inc. and service to the community in general.

Membership Requirements:

1. Must be at least 18 years of age.
2. Must have 3 active Auxiliary members as sponsors.
3. Must participate in at least 50% of the fundraisers and community projects, within the calendar year.
4. Must attend at least six membership meetings during the year.
5. New members will be on probation for a period of six (6) months; new members become active only after satisfactory completion of the above requirements, as determined by the Board.
6. Membership dues are \$5.00. Dues are paid at the first meeting attended after acceptance.

Affiliation:

Have you previously been a member of any Ladies Auxiliary Fire Dept? YES _____ NO _____

If so, did you leave the organization as a member in good standing? YES _____ NO _____

Reasons for applying: _____

Upon signature hereto, the applicant acknowledges, understands, and will abide by the membership requirements, listed above, to the best of their ability, and agrees to adhere to the by-laws of this organization.

Applicant
Signature: _____ Date: _____

Sponsor 1: _____

Sponsor 2: _____

Sponsor 3: _____

This application must be returned and submitted by: _____

Interview by Board: YES _____ NO _____ Date: _____

Voted by Membership: YES _____ NO _____ Approved: YES _____ NO _____ Date Approved: _____

Application mailed/emailed/downloaded on webpage: _____

Date received: _____ Application sent by: _____