Deerfield Volunteer Fire Company

Associate or Ladies Aux.

Application for Membership

5476 Trenton Road

Deerfield, NY 13502

315-732-2693

www.deerfieldfire.org

DEERFIELD VOLUNTEER FIRE DEPARTMENT

5476 TRENTON ROAD
DEERFIELD, NEW YORK 13502

APPLICATION FOR MEMBERSHIP

Associate member_____ Ladies Auxiliary _____

Date_____/_____/_____

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

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

_____
(City, Town, Village) (State) (Zip)

3. (___) ___-_____ (___) ___-_____
(home phone) (work phone)

4. (___) ___-_____ Provider? _____
(cell phone)

5. email address _____

6. D.O.B. _____/___/_____

7. Social Sec. # _____/___/_____

8. Place of Birth: _____

9. If you are under 18 years old, state your age: _____

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

An application fee of $3.00 must accompany your application

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the ***Deerfield Fire Company,*** I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former organizations, and military services to disclose their relevant records about me to the ***Deerfield Fire Company*** whether the information be of public, private, or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany any request for official documents and confirmation of my credentials

Applicants Name (Please print)	Applicant's Signature	Date

Witnessed by:

Witness Name & Title (Please print)	Witness's Signature	Date