



**MOYERS CORNERS VOLUNTEER
FIRE DEPARTMENT AUXILIARY, INC.**

Application for Membership

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Are you at least 18 years of age? Yes No

How did you hear about the MCFD Auxiliary?

List any MCFD Members you are related to and the relationship.

Why would you like to join the MCFD Auxiliary?

Please list any special interests or hobbies:

List professional, trade, business, civic activities, organizations and/or offices which you currently hold or have held in the past:

Person to contact in case of Emergency:

Name

Relationship

Address:

Phone:

Alternate contact in case of Emergency:

Name

Relationship

Address:

Phone:

By signing this application, you acknowledge that you have read the attached flyer and will abide by the MOYERS CORNERS VOLUNTEER FIRE DEPARTMENT AUXILIARY, INC. Bylaws and SOPs.

Signature: _____ Date: _____

(revised 1/2016)

Please mail or drop off completed application to:

Moyers Corners Fire Department
ATTN: Auxiliary Membership Chairperson
7697 Morgan Rd.
Liverpool, NY 13090