

THE VOLUNTEER FIRE POLICE ASSOCIATION OF THE STATE OF NEW YORK
MEMBERSHIP APPLICATION

REVISED 5/27/08

To join our Association fill out the form below and enclose your check for **\$9.00*** made out to **VFPASNY**
RETURN TO: Jeni Corser, VFPASNY Financial Secretary
478 Leicester Rd.
Caledonia, NY 14423

County & Area _____

Name : (Please Print) _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ E-Mail: _____

Fire Dept. / Company: _____ NYS Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ E-Mail: _____

Fire Chief's Name: _____ Phone: (____) _____

Are you an active Fire Police member of your Dept. /Co.? Yes: ____ No: ____

Is the Dept. or Company paying for your dues? Yes: ____ No: ____

According to the VFPASNY by-laws you must be a Fire Police member of your Dept. /Co. to join.

Declaring that this information is correct, I hereby apply for membership.

Your Signature: _____

An Officer of the above Firematic unit must certify this application.

CERTIFICATION: I certify that the above applicant is an active member in good standing with our Fire Police.

Signature of Dept/Co. Officer: _____ Title: _____

A Director or Member of this Association in good standing needs to sponsor you.

Sponsor: _____ ID # _____

It is the members' responsibility to make sure his / her dues are paid by January each year. When the dues are paid a membership card will be mailed to the members address. Publications & communications are mailed to each member, **your mailing address and phone number needs to be up to date at all times.** Thank You for considering this Association.

- **NOTE:** Discounted Dues are available for 3 or more years call (585) 538-2548 for more information.

For office use only: Financial Secretary verification for completeness & accuracy: _____

Application fee enclosed \$ _____ cash / MO / (P)(D) check# _____

Membership Assigned # _____ Date: _____ Notes: _____