THE VOLUNTEER FIRE POLICE ASSOCIATION OF THE STATE OF NEW YORK

MEMBERSHIP APPLICATION

REVISED 05/10/25

To join our Association, fill out the form below and enclose your check for **$15.00*** made out to **VFPASNY**

RETURN TO: Juan Guzman, VFPASNY Membership Secretary
2 Hawk Nest Lane
Wallkill, NY 12589
Telephone: 845-566-5016
Email: MemSecVFPASNY@outlook.com or VFPNYSmem@gmail.com

County & Region_____

Name: (Please Print) _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____Cell: (____) _____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 member of your Dept. /Co.? Yes: ____ No: ____ Title: _____

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

VFPASNY by-laws require you must be a Fire Police Member or an Associate Member of your Dept. /Co./Dis. 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 Dept./Co./Dis.

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 member's responsibility to make sure his / her dues are paid by January each year. When the dues are paid a membership card or sticker will be mailed to you or your Department/Company. Publications & communications are mailed to each member address on file, **your mailing address and phone number must be kept up to date at all times to ensure you receive communications.** Thank You for applying to our Association.

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

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

*Membership Assigned #*_____ *Date:* _____ *Notes:* _____