

THE VOLUNTEER FIRE POLICE ASSOCIATION OF THE STATE OF NEW YORK

MEMBERSHIP APPLICATION

REVISED 06/23/24

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

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 Fire Police member of your Dept. /Co.? Yes: \_\_\_\_ No: \_\_\_\_

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

VFPASNY by-laws require 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 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: \_\_\_\_\_