



Poestenkill Fire Co.

Auxiliary Application

Date: _____ First Reading: _____ Application Fee Paid: Yes/No

First Name: _____ Last Name: _____

Home address: _____

City, State, Zip: _____

Mailing address: _____

City, State, Zip: _____

Home #: (____) ____ - ____ Cell #: (____) ____ - ____

Email: _____

Sponsored by: _____ and _____

Have you ever belonged to another auxiliary? Yes/No

If so, Name of Auxiliary: _____ Years of service: _____

Reason for leaving: _____

Why do you wish to join the Poestenkill Fire Company, Auxiliary? _____

To the Offices and Members of the Poestenkill fire Company Auxiliary,
I, _____, do hereby respectfully petition to be initiated and
enrolled as a member of the "Poestenkill Fire Company, Auxiliary. If accepted, I agree to
accept and governed by the constitution and bylaws of this organization.

Signed: _____ Date: _____

**This application must be accompanied by an initiation fee of five dollars (\$5). Said
payment will be returned to you upon the rejection of your application.**

Internal Use:

Application Accepted: Yes/No Accepted Date: _____