

Cossayuna Volunteer Fire Department Auxiliary Membership Application

NAME: _____

ADDRESS: (Summer) _____

(Winter) _____

TELEPHONE # _____ DATE OF BIRTH: _____

Former membership in an Auxiliary? Yes No

If "Yes", where _____

Did you hold office Yes No - Office held: _____

Chair fund raisers or committees? Yes No

Would you be willing to participate in:

Fund Raisers _____ Committees _____

I HEREBY AGREE TO OBEY THE BY-LAWS OF THE
COSSAYUNA VOLUNTEER FIRE DEPARTMENT AUXILIARY

SIGNATURE: (X) _____ DATE: _____

SPONSORED BY: _____

AUXILIARY USE ONLY

DATA ACCEPTED ___/___/___

VOTES _____

DATE NOTIFIED ___/___/___