Grifton Volunteer Fire Department
Ladies' Auxiliary
Application for Membership

Name: _____
First Middle Last

Address: _____
Street & Mailing City State Zip

Age: _____ D.O.B.: _____

Phone: _____ _____
Home Work

Occupation: _____

Employer: _____

Employer Address: _____
Street & Mailing City State Zip

Formal Education: _____

Fire Dept. Auxiliary Experience: _____

Allergies: _____

_____

Disabilities: _____

_____

In case of emergency, please notify: _____

_____ _____
Relationship Phone Number

I realize that the Grifton Vol. Fire Dept. and the Grifton Vol. Fire Dept. Ladies' Auxiliary are not social clubs and that as a member I will be required to give freely of my time to attend meetings, events, and work on committees.

I realize that if I, _____, am accepted for membership in the Grifton Vol. Fire Dept. Ladies' Auxiliary that I will be giving part of my time to public service. I realize that giving some form of public service is the duty of every citizen and hereby give my consent to this application.

_____ _____
Signature of Applicant Date

Approved for membership by: _____ _____
President Date

For Official Use Only: