



Application for the Ladies Auxiliary to the Beverly Volunteer Fire Department.

Name: _____ Date: _____

Date of Birth: _____ Sex: M F Marital Status: M Single Other

Address: _____

Phone #: _____ Cell #: _____

Email: _____

How did you hear about us or where did you hear about us?

Please tell us why you would like to Join the Beverly VFD Auxiliary?

Are you 18 years of age or older Y N

Do you have relative, Friend, or spouse in the Beverly Fire Department? Y N

Do you agree to attend monthly meetings? Y N

Do you have any ideas of anything you would like to see the auxiliary do?

I, the undersigned, hereby make application for membership in the Beverly Volunteer Fire Department Auxiliary and if elected to membership, I promise to abide by the Constitution and the BY-Laws of the Organization.

Signature: _____ Date: _____

Office Use

Date Of Meeting: _____ Date Accepted: _____

Date Rejected: _____ If so why: _____
