

WIND GAP FIRE COMPANY

111 North Broadway
Wind Gap, PA 18091
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www.windgapfirecompany.com

Auxiliary Membership Application

Please check which membership type you wish to hold: **Active** _____ **Social** _____

Name: _____ Date of Birth: ____/____/____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Place of Employment / Job Description: _____

Employer's Phone: _____

Drivers License #: _____ Social Security #: _____

List the organization you belong to now or have been the last 3 years.

Name	Phone #	Organization
1.		
2.		
3.		

List 3 references who are not relatives and or members of this fire company auxiliary:

Name	Phone #:	Years acquainted
1.		
2.		
3.		

Signature of sponsor: _____ Date: _____

Date application presented for consideration: _____

Date approved for social membership: _____

Date approved for active membership: _____

Date rejected for membership (if applicable): _____

Signature of Auxiliary President: _____ Date: _____

Wind Gap Fire Company Auxiliary reserves the rights to do criminal background checks on all members.