

**APPLICATION FOR MEMBERSHIP
LADIES AUXILIARY TO THE DELAWARE CITY FIRE CO., NO. 1, INC.**

NAME: _____ DATE: _____
ADDRESS: _____ CITY: _____
DATE OF BIRTH: _____ TELEPHONE #: _____

1. Why do you want to become a member of our organization?

2. Requirements of an active member

A. 18 Years of age.

B. Must submit a written application to the membership committee and be introduced at the meeting that the application is submitted & voted on at the same meeting to become a probationary member.

C. A probationary membership of 6 months will be required to ensure member/organization is a good fit. After the probationary period the member will be voted in as a permanent member.

D. Must attend 50% of the meetings and 40% of the functions to be classified as an active member (within the first year of joining).

3. How much time can you give to our functions?

4. Type of membership you are applying for: ACTIVE SOCIAL ASSOCIATE

ENCLOSE \$3.00 Dues for active membership

ENCLOSE \$5.00 Dues for social or associate

Signature of Applicant

~~~~~Do Not Write Below This Line~~~~~

APPLICATION RECEIVED BY MEMBERSHIP COMMITTEE

DATE: \_\_\_\_\_

ACCEPTED \_\_\_\_\_ NOT ACCEPTED \_\_\_\_\_

DATE: \_\_\_\_\_

SPONSOR \_\_\_\_\_

PROBATIONARY PERIOD \_\_\_\_\_

(REVISED 02/04/03)