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

NAME:	DA	TE:	·	<u></u>
ADDRESS:				
DATE OF BIRTH:	TELEPHON	E#:	,	
1. Why do you want to become a member of	f our organization?		-	
;				
			-	<del></del> ,
2. Requirements of an active member	•			
A. 18 Years of age.				
the application is submitted & vot  C. A probationary membership of 6 r  fit. After the probationary period  D. Must attend 50% of the meetings (within the first year of joining).  3. How much time can you give to our funct	months will be requested the member will be and 40% of the funtions?	nired to ensure relevated in as a proceed in a procedure in a proceed in a proceed in a procedure in a procedu	nember/organization ermanent member. ssified as an active m	is a good
4. Type of membership you are applying for	r: ACTIVE	SOCIAL	ASSOCIATE	
ENCLOSE \$3.00 Dues for active member	_			
ENCLOSE \$5.00 Dues for social or assoc	ziate			
		Signature of Applicant		
D	a Not Write Relaw	This Line		
APPLICATION RECEIVED BY MEMBER			DATE:	
ACCEPTED NOT ACCEP		<del></del>	DATE:	
SPONSOR				
PROBATIONARY PERIOD			(REV	ISED 02/04/03)