

Greenwood Volunteer Fire Company No 1

45 Kernick Street Warwick, R.I. 02886

(401) 302- 1120



Application for Associate Membership

Name: _____ Telephone Number: _____

Date of Birth: _____ Drives License #: _____ Email Address: _____

Address: _____ Type of License: _____ CDL: Yes _____ No _____

City or Town: _____ State: _____ Zip code: _____

Occupation: _____

Hobbies & Interests: _____

Tell us about yourself: _____

List any Fire Fighting Experience: _____

I agree to pay \$20.00 and become subject to a Background Investigation, we well as to pay the \$5.00 fee for said investigation, for a total of \$25.00 application fee. If elected to the membership, I agree to abide by the by-laws and promise to obey all of the rules contained therein. To protect my membership in this organization, I further agree to pay \$25.00 per year. To be paid each year prior to or at the April Monthly Meeting.

Signed By: _____

Greenwood Use Only:

Signed By: _____

Date: _____

Initial receipt of by-law copy: _____

Date: _____

Date Elected to Membership: _____