

APPLICATION FOR MEMBERSHIP FOR
JR. LADIES AUXILIARY TO THE DELAWARE CITY FIRE CO. #1, INC.
Delaware City, Delaware

Name _____ Date _____

Address _____ City _____ State _____

Date of Birth _____

Telephone Number _____ Email Address _____

Why do you want to become a member?

Requirements for Application of Membership

1. 14 -18 years of age
2. Completed application (co-signed by a parent or legal guardian), \$3.00 dues, and a copy of the applicant's Birth Certificate can be submitted at any regular monthly meeting of the Ladies Auxiliary.
3. The Membership Committee will introduce applicant to the membership at any regular monthly meeting of the Ladies Auxiliary. Applicant will be voted on the same regular monthly meeting.
4. If applicant is a member of a sister Jr. Ladies Auxiliary, a written recommendation from the sister Auxiliary must accompany the application.

Signature of Applicant

Signature of Parent / Legal Guardian

Application of Jr. Member _____

Accepted

Not Accepted

Date

Membership Committee Signature

