



**Green Village  
Volunteer Fire Department**

Serving Chatham Township Fire District Number One and Portions of Harding Township

**AUXILIARY MEMBERSHIP APPLICATION**

ALL INFORMATION MUST BE COMPLETED FOR THE APPLICATION TO BE CONSIDERED.

PLEASE PRINT CLEARLY OR TYPE

NAME: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Do you possess a valid NJ Driver's License?  YES  NO

DRIVER'S LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL PHONE CARRIER: \_\_\_\_\_

Applying for membership as:

ACTIVE MEMBER

ASSOCIATE MEMBER

Please include an Application Fee of \$25.00 (payable to "Green Village Fire Dept.") and mail to:  
GVFD Auxiliary - Membership  
529 Green Village Road  
Green Village, NJ 07935

If accepted to the membership, I will obey the By-Laws of the Green Village Fire Department Auxiliary.

NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

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

All applicants are subject to a background check.

**FOR FIRE DEPARTMENT USE ONLY**

**ACTION OF THE AUXILIARY**

Application received:

DATE: \_\_\_\_\_ FEE PAID:  YES  NO

Background check:

DATE: \_\_\_\_\_  APPROVED  DENIED

REASON(S): \_\_\_\_\_  
\_\_\_\_\_

COPY ATTACHED:  YES  NO

By-Laws given to member:

YES  NO DATE: \_\_\_\_\_