



**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: _____ SSN: _____

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

DRIVER'S LICENSE #: _____

CURRENT ADDRESS: _____

HOME PHONE: _____ E-MAIL: _____

CELL PHONE: _____ CELL PHONE CARRIER: _____

Type of Membership Desired: ACTIVE ASSOCIATE

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.

Application Fee (non-refundable): \$25.00

Mail application and fees (payable to GVFD) to:

**Green Village Fire Department Auxiliary - Membership
529 Green Village Road
Green Village, NJ 07935**

APPLICANT NAME: _____

FOR GREEN VILLAGE FIRE DEPARTMENT AUXILIARY USE ONLY

**AUXILIARY MEMBERSHIP APPLICATION
ACTION OF THE FIRE DEPARTMENT AUXILIARY**

APPLICATION RECEIVED: _____
(Date)

FEE PAID: YES NO

BACKGROUND CHECK: _____
(Date)

APPROVED: YES NO

REASON(S)/NOTE(S): _____

COPY ATTACHED: YES NO

SWORN IN AS: ACTIVE ASSOCIATE DATE: _____

BY-LAWS GIVEN: YES NO DATE: _____