



South Central Fire Police Association

APPLICATION FOR MEMBERSHIP

NAME _____ DATE: _____

ADDRESS _____

TELEPHONE: HOME _____

WORK _____

CELL _____

E-MAIL _____

I AM A MEMBER IN GOOD STANDING OF THE _____ FIRE COMPANY/FIRE DEPARTMENT.

I HEREBY AGREE THAT I HAVE COMPLETED OR WILL COMPLETE THE NEW YORK STATE FIRE POLICE COURSE WITHIN ONE YEAR FROM THE DATE LISTED ABOVE.

APPLICANT'S SIGNATURE: _____

RECOMMENDED FOR MEMBERSHIP BY: _____

Please mail this completed application and \$3.00 (checks payable to South Central Fire Police Association) and mail to: R. Materese, 3718 Alpine Dr., Endwell, NY 13760