

Adirondack Volunteer Firefighters Benevolent Association
PO Box 328
Chestertown, New York 12817

I, _____ Age _____

declare that I am an () Exempt/Retired () Associate () Volunteer Firefighter () Volunteer EMS Provider of the _____, and hereby make application to the *Adirondack Volunteer Firefighters Benevolent Association* of New York. If granted membership, I agree to support, maintain, and abide to the By-Laws of the Association

Date of Birth _____ Date Joined Department/Agency _____
 Name of Beneficiary _____ Relationship _____
 Home Phone # _____ Cell Phone # _____
 Email Address _____

Dues \$25.00 per year, per member, or \$ 175.00 Lifetime per member and MUST be paid no later than January 31st of each year or membership will be terminated.

Applicant's Mailing Address _____

Applicant's Signature _____

Recommended By _____

Received By _____

**** Membership eligibility is restricted to only individuals that are connected to, or affiliated with, a Volunteer Fire Department or Volunteer EMS Agency.**

Association Authorization

Trustee Signature _____ Date Accepted ____/____/_____
 Trustee Signature _____ Benevolent ID # _____
 Applicant on Facebook Yes / No Granted Access to Private Group Yes / No
 Current Member of FASNY Yes / No Check # for FASNY Membership _____
 Department Chief or Agency Captain Verification _____

Additional Comments or Information _____

