

# WETHERSFIELD VOLUNTEER FIREFIGHTERS' ASSOCIATION

## Membership Information Form

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

This form should be used to update a members personal information and given to the Association Secretary.