

WETHERSFIELD VOLUNTEER FIREFIGHTERS' ASSOCIATION

Application for Membership

Name: _____

Home Address: _____

Town: _____ Zip: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Fire Company Affiliation: _____

Application Date: _____

This application for membership will be presented to the active membership of the Wethersfield Volunteer Firefighters' Association at the next quarterly meeting. The membership will accept, reject, or table this application. Acceptance will start immediately after acceptance by a majority vote.