

Application for Membership
Hudson Valley Volunteer Firemen's Association, Inc.

PLEASE PRINT LEGIBLY

Last Name _____ First _____ M.I. _____

Fire Dept./Co. _____

Address _____

City _____ State _____ Zip _____

County of _____ Phone No. _____

E-Mail Address _____

Hereby makes an application for membership in the
Hudson Valley Volunteer Firemen's Association.
Organization dues are \$ 10.00 and individual dues are \$8.00 per year.

Date _____

Proposed by _____

(Signature of Presiding Officer or Secretary of Organization
or signature of an Individual Member and HVVFA Member)

Make checks payable to: Hudson Valley Volunteer Firemen's Association, Inc.

ELIGIBILITY FOR MEMBERSHIP

Any volunteer fire company, volunteer fire department, association of volunteer or exempt volunteer firemen or any active or exempt volunteer fireman who is serving or has served in any such organization the territory in which the Hudson Valley Firemen's Association is authorized to conduct business. Each member organization annually chooses one delegate to represent it at the convention of the Association. Delegates so chosen may continue as individual members by payment of annual dues of \$8.00.

Send application with remittance, to the Financial Secretary of the Association, at address shown below.

George H. Hill
Financial Secretary
Hudson Valley Volunteer Firemen's Assn.
854 Berkshire Rd.
Wingdale, NY 12594

WEBSITE: www.hvvfa.com