

**GREENE COUNTY  
VOLUNTEER FIRE POLICE ASSOCIATION  
25 VOLUNTEER DR  
CAIRO, NY 12413**



Application for Membership

Date: \_\_\_\_\_ Membership requesting: Active or Associate

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

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

\_\_\_\_\_, NY Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Fire Dept or Company: \_\_\_\_\_

Town/Village of: \_\_\_\_\_

NYS Fire Police certified: \_\_\_\_\_ (Include a copy of your certificate)

Sworn in date: \_\_\_\_\_

Signature of member sponsoring applicant: \_\_\_\_\_

Annual Dues for Membership is \$5.00, Should be included with application.

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Date received and presented to members: \_\_\_\_\_

Applying for type of Membership: \_\_\_\_\_

Copy NYS certification received \_\_\_\_\_

Proof of being sworn in: \_\_\_\_\_

Dues Received: \_\_\_\_\_