

CTVFD Auxiliary  
Cicero Twp. Volunteer Fire Dept.  
Station 20  
750 Development Dr.  
Tipton, IN 46072

**APPLICATION OF  
MEMBERSHIP**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ TEXT?  YES  NO

ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NO

ARE YOU AN ACTIVE MEMBER OF ANY OTHER VOLUNTEER FIRE DEPARTMENT AND/OR  
AUXILIARY?  YES  NO

ARE YOU APPLYING FOR MEMBERSHIP OR ASSOCIATE VOLUNTEER?  MEMBER  VOLUNTEER

HOW LONG HAVE YOU LIVED IN THE AREA? \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

REASON FOR JOINING THE AUXILIARY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

----- **OFFICIAL MEMBERSHIP COMMITTEE USE ONLY** -----

3 MEETING AND/OR EVENT DATES:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  MEETING  EVENT \_\_\_\_ / \_\_\_\_ / \_\_\_\_  MEETING  EVENT

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  MEETING  EVENT

DATE GIVEN/ACCEPTED BY LAWS: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE OF ACCEPTANCE: \_\_\_\_\_

DATE ACCEPTED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRESIDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_