



# Penn Grove Social Firemen

*Serving Penn Grove*

## Application for Membership

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

**Name:** \_\_\_\_\_  
First Name Last Name

**Address:** \_\_\_\_\_  
Street No. and Street or P.O. Box

**City:** \_\_\_\_\_  
Town State Zip Code

**Phone:** Home: ..... Work: .....

**Sponsor must be a member in good standing and be responsible for the proposed member.**

**Sponsor #1** \_\_\_\_\_

**Sponsor #2** \_\_\_\_\_

**As an applicant to the Penn Grove Social Firemen I agree, if accepted, to attend meetings, keep my dues current and give a minimum of 8 hours of time performing a task that I am capable of doing.**

**Proposed Members Signature** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Dues Paid Date:** \_\_\_/\_\_\_/\_\_\_ **Received By:** \_\_\_\_\_

**Added to mailing list.**

**Membership card issued.**