

# Somers Fire Department



## The Somers Fire Department Auxiliary Membership Application

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

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

Telephone Number: \_\_\_\_\_

Name of Relative in Fire Department: \_\_\_\_\_

Status of Named Relative (Active, Inactive, and Honorary): \_\_\_\_\_

Children's' Names	Sex	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail completed application to the Auxiliary Membership Committee, care of the Somers Fire Department, or give to any Auxiliary member.

### **Fire/Rescue/EMS**

400 Main St., Somers, CT 06071

Phone (860)749-7626 ♦ Fax (860)763-8233

E-mail [somersfire@somersfire.org](mailto:somersfire@somersfire.org) Web: [www.somersfire.org](http://www.somersfire.org)