

Strinestown Community Fire Co.
5690 Susquehanna Trail
Manchester, PA 17345

Auxiliary Membership Application

Name _____

Address _____

City, State, ZIP _____

Phone - Home _____ Work _____

Cell _____

e-mail _____ @ _____

Are you now or have you in the past been a member of any other Fire Co., EMS Organization or other Charitable Group or Organization? If so, please list here with name of organization and date(s) of service.

This form is to be submitted with each new Auxiliary Membership. Dues are \$5 each calendar year and must be paid by February 28 of each year. A \$3 fee will be added to dues paid after February 28 of each year. Dues may be mailed to the above address. Please do not send cash.