

**BORODINO FIRE DEPARTMENT**

**ASSOCIATE MEMBER APPLICATION**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SPECIAL EXPERTISE e.g. computer skills, medical knowledge, marketing, recruiting

\_\_\_\_\_

\_\_\_\_\_

STATEMENT

I understand that I am applying for consideration as an associate member of the Borodino Fire Department. Associate member status does not require me to attend any special training and there are no specific participation requirements beyond those that I desire.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_