

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 _____