

Biglerville Hose & Truck Company No. 1  
111 South Main St, Biglerville, PA 17307  
717-677-7532

**LADIES AUXILIARY MEMBERSHIP APPLICATION INSTRUCTIONS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License (If Applicable)

License Number \_\_\_\_\_ License State \_\_\_\_\_

**References**

Please provide two references that we can contact.

Reference 1. \_\_\_\_\_ Phone: \_\_\_\_\_

Reference 2. \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly state your goals and why you wish to be a member of the Ladies Auxiliary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any state and/or local police records including traffic violations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information I have provided in this application is correct and true to the best of my knowledge, and I understand if found otherwise may be reason for rejection or dismissal.

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

\_\_\_\_\_  
Date

Do NOT write below this line

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**For Fire Department Use Only**

Date Application Received: \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_

Work Permit Included:      Yes                  No

Date of Vote by General Membership: \_\_\_\_\_

Membership Classification: \_\_\_\_\_