

MEMBERSHIP APPLICATION

Mechanicsville Volunteer Rescue Squad Auxiliary
Mechanicsville, Maryland 20659

Name _____
(Last) (First) (Middle)

Mailing Address _____
(Street, Box No., R. F. D.) (City) (State) (Zip)

Date of Birth _____ Telephone (Home) _____
(Month) (Day) (Business) _____

Single _____ Married _____

Next of Kin _____ Telephone _____

Address of Next of Kin _____

Location of Residence or Business _____

(Date of Application) (Signature of Applicant)

Note:

You must attend three membership meetings before you are eligible for membership.

For Department Use Only

First Meeting _____ Second Meeting _____ Third Meeting _____

Date Voted on: _____ Accepted _____ Denied _____

Held for _____

(Signature of Officer)