



Monroe County Volunteer Firemen's Association

2019 Individual Membership Application

Name: _____

Address (Number and Street): _____

Town, State, and Zip Code: _____

Phone / Cell Number: _____

Email: _____

Monroe County Fire Department Affiliation

(Department /Organization): _____

Signature of Applicant: _____

PLEASE ENCLOSE YOUR ANNUAL DUES PAYMENT of \$2.00

Make checks payable to the: ***Monroe County Volunteer Firemen's Association***

Mail this form with check to:

Monroe County Volunteer Firemen's Association

Attn: Treasurer

P.O. Box 22786

Rochester, New York 14692

MCVFA Treasurer Use Only

Ck # _____

Date Rec: _____