

**LADIES AUXILIARY**  
OF THE  
**MENDHAM FIRE DEPARTMENT**  
24 EAST MAIN STREET  
MENDHAM, NJ 07945

**APPLICATION FOR MEMBERSHIP**

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_-\_\_\_\_-\_\_\_\_

HOME PHONE# (\_\_\_\_) \_\_\_\_-\_\_\_\_ WORK PHONE# (\_\_\_\_) \_\_\_\_-\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

IF MARRIED – NAME OF SPOUSE: \_\_\_\_\_

CHILDREN: \_\_\_\_\_: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE  
OF BIRTH

\_\_\_\_\_: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_: \_\_\_\_/\_\_\_\_/\_\_\_\_

SPECIAL INTERESTS / HOBBIES: \_\_\_\_\_

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INVESTIGATING COMMITTEE:

DATE INTERVIEWED: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE APPOINTED: \_\_\_\_/\_\_\_\_/\_\_\_\_

RECOMMENDATION:  APPROVED FOR MEMBERSHIP  DENIED MEMBERSHIP

REASON FOR DENIAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chairperson Investigating

\_\_\_\_\_  
President

