

Granby Center Volunteer Fire Department Carl Fuchs Explorer Post #3810

1400 County Route 8
Fulton, New York 13069
315-598-7187
www.granbyfire.com

Application for Membership

Name _____

Address _____

Telephone _____

Date of Birth _____ Age _____

Social security Number _____

Email Address _____

By submitting this application, I am expressing my interest in joining the Carl Fuchs Explorer Post #3810 of the Granby Center Volunteer Fire Department. I agree to uphold the rules and regulations of the post and to obey all instructions of the post advisor and the officers of the GCVFD. I have read and understand all the rules and regulations provided me.

Applicants Signature _____ Date _____

I hereby give my son/daughter my permission to participate in all activities of the Carl Fuchs Explorer Post #3810 of the Granby Center Volunteer Fire Department. I have read and understand all the rules and regulations provided to me.

All parent/legal guardians' signatures must be notarized

Parent/Legal Guardian's Signature _____ Date _____

Relationship to Applicant _____

Sworn to me this _____ Day of 20__

Notary Public _____

