

## LAVALLETTE FIRST AID SQUAD INC. P.O. BOX 334 LAVALLETTE, NJ 08735

We deeply appreciate your interest in our volunteer organization. This application will become a permanent record of your membership file.

## PLEASE PRINT CLEARLY

Date of Application		
Name:		
(last)	(first)	(MI)
Address:		
Phone #: (nome)	(WORK)	
Date of BirthSoci	lal Security#	
	(State)	**
Occupation:		
Person to be notified in case		
	Tel.#	
squad?	s or interests that you feel would	
Applicant Signature		
President Signature		
Date of Active Membership St	tatus	
First Reading Sec	ond Reading	