Volunteer and Exempt Firemen's Benevolent Association
of Uniondale, Nassau County, New York, Inc.
P.O. BOX 66, UNIONDALE, NY 11553
BUSINESS PHONE (516) 477-4639
Email: uniondaleba@gmail.com • Website: www.uniondaleba.com
Organized 1942

Date: _____

I, _____, residing at
(Print Name)

_____ _____ _____ _____
(Street) (Town) (State) (Zip)

Cell Phone_____Email_____

Hereby make application for membership in the Volunteer and Exempt Firemen's Benevolent Association of Uniondale, Inc.

I hereby certify as follows:

A. I am an Active member of _____ Company # ____ of the Uniondale Fire Department having been admitted on _____.

B. Date of Birth _____ AGE _____.

C. Place of Birth_____.

D. Occupation _____.

If Accepted, I agree to abide by the Rules and Regulations which now are, or hereafter may be adopted by the Association.

_____
(Signature of Applicant)

Proposed By_____

Initial Membership Fee $10 Dues $10 Given to Delegate_____

Dues accepted by _____ Date Accepted_____

Treasurer Signature_____ Date _____

Date of Resignation from Dept: _____