

APPLICATION FOR MEMBERSHIP

**GRATWICK HOSE CO. INC.**

110 Ward Road, North Tonawanda, NY 14120

As a candidate for membership in the Gratwick Hose Co., Inc., we the officers and membership of said company would like to take this opportunity to acquaint you with some of the duties and obligations you must assume as a member of our company.

The Gratwick Hose Company INC., is first and foremost a Volunteer Fire Company. As stated in Article I, Section 2, of our By-Laws, and we quote: "The objects of this company are declared to be: first, the extinguishment of fire and the preservation of property within the City of North Tonawanda; and second, the cultivation and promotion of friendly relations and moral and intellectual improvement in this company."

Your first duty then, if elected to membership, will be to qualify as a volunteer firefighter by attending fire drills and training classes, then applying this knowledge in the fulfilment of the main reason for your joining this company, that of , "extinguishment of fires and the preservation of property."

May we impress this fact upon you very strongly. Your first 5 years as a member here will be devoted to that goal. We are not accepting you as a social member. The social benefits you derive as a member here, and there will be many, will come as an outgrowth of your firefighting duties. Failure to live up to your firefighting duties will result in penalties and may result in expulsion from the company.

As a candidate for active membership in the Gratwick Hose Co., Inc., we extend to you our hand in welcome. Please don't accept it however, unless you are ready, willing, and able to live up to the duties involved in fulfilling our purpose.

Date \_\_\_\_\_ Telephone \_\_\_\_\_

1. Name \_\_\_\_\_  
(Last name) (First name) (MI)

2. Address \_\_\_\_\_  
(Apt No)

3. \_\_\_\_\_  
(City, Town, Village) (State) (Zip Code)

4. How long have you resided at the above address? Years \_\_\_\_\_ Months \_\_\_\_\_

5. How long have you been a resident of New York State? Years \_\_\_\_\_ Months \_\_\_\_\_

6. Are you 18 years of age or older? Yes \_\_\_ NO \_\_\_ If no, state your age. \_\_\_\_\_

7. What is your date of birth? \_\_\_\_\_

8. What is your social security number? \_\_\_\_\_

9. What is your Email address? \_\_\_\_\_