ADELL-WHITT V.F.D. MEMBERSHIP APPLICATION

| I | | | HEREBY MAKE APPLICATION |
|---|-------------------|-----------------------|--|
| TO BECOME AN AC | TIVE/AUXILIARY I | MEMBER OF ADELL-WH | ITT V.F.D. |
| I AM 18 YEARS OLD | OR OLDER. I AM | A RESIDENT OF THE STA | ATE OF TEXAS. |
| I HEREBY AGREE TO | O ABIDE BY THE BY | Y-LAWS OF ADELL-WHIT | T V.F.D. |
| | • | | Y. I AM NOT AFFLICTED WITH ANY ATE ME FOR MEMBERSHIP. |
| | | • | RES, ETC UNLESS THROUGH PREVENTED FROM SO DOING. |
| I FUTHERMORE PROMISE TO HOLD MYSELF IN DUTY BOUND TO OBEY ALL ORDERS COMING FROM PROPER AUTHORITY, TO PAY ALL ASSESSMENTS, THAT MAY BE LEGALLY LEVIED AGAINST ME, IN WITNESS WHEREOF, I HEREUNTO SET MY HAND. | | | |
| I DO | _ I DO NOT | AGREE TO A C | RIMINAL BACKGROUND CHECK. |
| ADDRESS | | | |
| SOCIAL SECURITY # | | DRIVER LICI | ENSE # |
| PHONE # | | CELL # | |
| DATE OF BIRTH | | | |
| SIGNED | | | |
| CICNED THIS | | DAVOE | 20 |