

Glasstown Antique Fire Brigade Membership Application

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Membership Classification

_____ Individual/Family (\$10.00 per year) _____ Organization (\$10.00 per year)

Please list first names of family members: _____

Apparatus Owned: _____

Return To:

Joy Ann Swartz
Membership Secretary
333 E. Ridgewood Ave
Galloway, NJ 08205-9767
609-652-8895

Are you a
member of
SPAAMFAA? _____

Note: New members are entitles to (2) name plates with payment of dues. Each membership (Individual, Family, organization) may order two at no charge. Additional nameplates are available for \$3.00 each.

Do you wish to order nameplates?: _____

Please print the name(s) to be put on the nameplates (only one line per plate).

1. _____ 2. _____

South Jersey Chapter of SPAAMFAA
Glasstown Antique Fire Brigade
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