



**Stone Ridge Fire Company: Application for Membership**  
**525 Cottekill Rd. Stone Ridge, NY 12484**  
**Firehouse: 845-687-9867**

DATE: \_\_\_\_\_

INITIATION FEE: \$5.00

FIRST YEAR DUES: \$3.00

PLEASE CHECK ONE OF THE FOLLOWING MEMBERSHIPS:

- ACTIVE
- EXEMPT
- SOCIAL
- HONORARY
- PROBATIONARY FIREFIGHTER

Please fill out the following:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current NYS Driving License Number: \_\_\_\_\_

**Your signature on the following page authorizes the Stone Ridge Fire Company to have your driving license checked for validity and violations by either the New York State Police or the Ulster County Sheriff's Office.**

NAME OF AN EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT HOME PHONE: \_\_\_\_\_

“Officers and members, I respectfully ask that my application be favorably considered. I certify that I have been given a copy and have read the current By-Law’s, especially Article VI, Section 2, that contains the processing of applications. If accepted, I swear to faithfully comply with the By-Law’s of the, “Stone Ridge Fire Company.”

**Signature of Applicant:**

\_\_\_\_\_  
**(Do not write below this line)**

**Sponsored By (A member in good standing):**

\_\_\_\_\_

**Counter Signatures (2 members in good standing):**

\_\_\_\_\_

\_\_\_\_\_

**Initiation Fee Received** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_

**Secretary Signature:** \_\_\_\_\_

**Approved:** ( )

**Denied:** ( )