

Last Name: _____

Peeples Valley Fire Department Corporation and Auxiliary

P.O. Box 936, Yarnell, AZ 86362 17275 W. Burning Bush Dr. Peeples Valley, AZ 86332 www.peeplesvalleyfire.org

Interested in membership?

Please contact Judy: 928-899-7355

MEMBERSHIP APPLICATION

First: ______ Date: _____

Address:	Phone:
City:	_ State: Zip:
Email adress:	
How did you learn about our organization?	
Please list any pertinent information, skills, interests, or abilities you have to offer to our group and our committees:	
As a member, I agree to abide by all rules and regulations, as well as the Bylaws of the Peeples Valley Fire District. I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge.	
Signature	Date: