

**OHIO TOWNSHIP VOLUNTEER FIRE COMPANY  
AUXILIARY MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

What hours do you work? \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Please complete application and return it to

Ohio Township Volunteer Fire Company  
Attn: Auxiliary Secretary  
1520 Roosevelt Road  
Pittsburgh, PA 15237