



MAYSVILLE VOLUNTEER FIRE COMPANY

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Chief Shawn Kimble

President Michael Rohrbaugh

MAYSVILLE VOLUNTEER FIRE COMPANY AUXILLARY

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

Do you have any health problems? (This is just general information needed incase something would happen.) _____

Print Name

Signature

Date

Karen Kimble

Date

DATE OF BECOMING AN MVFC AUXILLARY MEMBER: _____