

Fill out the form below to join.

NEW OR RENEWAL MEMBERSHIP (circle one)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELE.#: \_\_\_\_\_

PLEASE PRINT & MAIL WITH YOUR \$35 DONATION TO:

WETUMPKA VFD INC.

P.O. BOX 1031

QUINCY, FLORIDA 32353-103