

**ASSOCIATE MEMBER APPLICATION**  
**Putnam Valley Volunteer Ambulance Corps**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Pager number \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail address \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Your position or type of work \_\_\_\_\_  
Can you be contacted at work? If so, how? \_\_\_\_\_

**INTERESTS / EXPERIENCE**

\_\_\_ Financial      \_\_\_ Automotive      \_\_\_ Computers      \_\_\_ Radio or electronics  
\_\_\_ Legal      \_\_\_ Public relations      \_\_\_ Building or equipment maintenance      \_\_\_ Fund-raising  
\_\_\_ Administration / record-keeping      \_\_\_ Other (please describe below)

\_\_\_\_\_  
*Information on this form will be considered confidential and will not be divulged to anyone outside the Corps.*

\_\_\_\_\_  
*Signature of applicant* \_\_\_\_\_  
*Date*

**Please return application to Membership Committee, PVVAC, P.O. Box 141, Putnam Valley NY 10579-0141**