

HOLBROOK FIRE DEPARTMENT



LADIES AUXILIARY

The Holbrook Ladies Auxiliary was organized in 1931. We are a working arm of the volunteer fire service. We strive to cooperate with our department and assist them as needed.

The ladies are dedicated individuals that serve at the request of the chief's office in any aspect deemed necessary.

Duties/functions have included but are not limited to:

- Preparing refreshments to be brought to a working fire for our firefighters,
- Assisting at large meetings
- Organizing department social functions
- Serving the community
- Fundraising activities
- Honoring departed members of the department as well as the auxiliary

We also hold membership in the Suffolk County Ladies Auxiliary and the state Ladies Auxiliary (LAFASNY) These memberships assist to educate ourselves as to the activities of other local auxiliaries and to learn about legislation enabling us to assist in the enactment of laws beneficial to volunteer firefighters.

Application for membership requires:

- You must be 18 years of age or older to apply for membership
 - You must have a family member, who is a member in good standing of the Holbrook Fire Department.
- OR-
- You must have a family member, who was a Life Member of the Holbrook Fire Department.

Our meetings are held the first Tuesday of every month at 7:30 PM. If you are interested in becoming a member, we welcome you to come to a meeting as a guest.

Any questions, please contact President Lori Zatorski 631/835-7615.

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APPLICATION FOR MEMBERSHIP

I, _____, hereby make application for membership upon the volunteer fire service of _____ whose relationship to me is that of _____.

They have served _____ years, _____ months in Company # _____ of the Holbrook Fire Department.

**I hereby declare that I am not an expelled member from any Fire Department Ladies Auxiliary:
(An Initiation Fee of \$2.00 and Annual dues of \$5.00 must accompany this application).

Signed: _____

Print Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birthday(Month/Day): _____

Officer Signature: _____

Voted upon (Date): _____ Accepted Denied