

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-MAIL: _____

ELIGIBILITY

- 1. Must have served with the FIREHAWKS between 1988 and 2006 to become a REGULAR or LIFETIME member.
- 2. ASSOCIATE MEMBERS may be any person who was affiliated with the Firehawks, served with other units or who has and interest in the organization or what it stands for.
- 3. FAMILY MEMBERS of all prior Firehawks are eligible as long as they wish to be affiliated with the organization.

Check applicable box:

- LIFETIME - \$300.00 - Full Privileges
- REGULAR - \$30.00 per year, Full Privileges
- ASSOCIATE - \$30.00 per year, No Voting Privileges
- FAMILY - \$10.00 per year, No Voting Privileges

BACKGROUND:

Dates with Squadron: _____

Dates Deployed/Location: _____

Rank/Rate: _____ Present Occupation: _____

Special skills: _____

Are you willing to volunteer? _____ Help with: _____

How did you hear about the Association? _____

Comments _____

"I certify that all of the above information is true to the best of my knowledge and belief; and that I am eligible in all respects for the membership type applied for."

Signature _____ Date: _____

Approved: _____ Title: _____ Date: _____

Mail to: HCS-5 Firehawk Association, 4885 Falconhurst Terrace, San Diego, CA 92154