



YOUR DONATION MAKES A DIFFERENCE!

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## MEMBERSHIP CLASS CHANGE REQUEST

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

DATE SUBMITTED: \_\_\_\_\_

### PREVIOUS MEMBERSHIP CLASS:

- Full / Active (Medic/Driver)
- Support / Active (Duty: \_\_\_\_\_)
- Junior / Active (under 18)

### NEW MEMBERSHIP CLASS:

- Full / Active (Medic/Driver)
- Support / Active (Duty: \_\_\_\_\_)
- Junior / Active (under 18)

BOARD APPROVAL DATE: \_\_\_\_\_

PRESIDENT'S SIGNATURE: \_\_\_\_\_