# "LOYAL TO OUR DUTY"

## RKMC Pennsylvania Chapter 37 Application for Membership:

**Circle Type of Membership**

**Active, Association or Social**

Last Name First Name Middle Initial

Mailing Address City State Zip Code

Home Phone Number Cell Phone Number

E-Mail Address

Fire Department Affiliation

Mailing Address City State Zip Code

Chief / Supervisor Phone Number

Signature of Applicant Date

RKMC PA Chapter 37 Charter/Active/Associate Membership Application Fee is $20.00
RKMC PA Chapter 37 Social Member Application Fee is $15.00
*****NOTE*** A $5.00 application fee is required with your initial application, does not apply to renewals**

Makes Checks Payable to: RKMC PA 37

THIS SECTION TO BE COMPLETED BY THE MEMBERSHIP COMMITTEE

Application Accepted _____ Application Rejected _____

Signature _____ Date_____