



Forest Lakes Fire District Auxiliary Membership Information Form

PERSONAL

Last Name: _____ First: _____ MI: _____

Summer Address Information

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Winter Address Information

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you a year round resident? YES NO

Are you a “full time” summer resident? YES NO

Are you a “weekend” summer resident? YES NO

Please submit completed application by mailing to:

*Forest Lakes Fire District Auxiliary
PO Box 2015
Forest Lakes, Arizona 85931*

Or you can drop off the application at the Fire Station, 1522 North Merzville Rd., during normal business hours.

Or you can give your application to an Auxiliary board member.