



**S. W. PITTS HOSE COMPANY, INC**  
**LADIES AUXILIARY**  
**P O BOX 531**  
**LATHAM, NEW YORK 12110**

APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHONE # \_\_\_\_\_

E Mail address \_\_\_\_\_

Hobbies: \_\_\_\_\_

Why are you interested in joining the Auxiliary? \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

\_\_\_\_\_

For Auxiliary use only

Date Application received \_\_\_\_\_

Date Initiated \_\_\_\_\_

Date dues paid \_\_\_\_\_  
(Should be paid at initiation)

Secretary Signature: \_\_\_\_\_