



Nyack Fire Department Membership Status Change

COMPANY MEMBERSHIP CHANGE FORM

Company Name: _____ Date: _____

Member's Name: _____

Company Suspension: From Date: _____ To Date: _____

Resignation: Company Meeting Date: _____

Expulsion: Company Meeting Date: _____

TRANSFER WITHIN THE DEPARTMENT

Transfer From: _____

Resignation Date: _____. Secretary Signature: _____

Transfer To: _____

Secretary Signature: _____ Date: _____

Reason for any of the above actions: _____

STATUS CHANGE

Deceased: Date: _____

Change in status from Junior to Regular Firefighter: _____ Date: _____

Signature of Company Secretary: _____ Date: _____