

**Firemen's Home Adoption  
Request Form**

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**Name of the Auxiliary or Fire Department requesting to  
adopt a member:** \_\_\_\_\_

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**Contact Person**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Requesting a Member from your area** Yes \_\_\_ No \_\_\_

**Requesting Male** \_\_\_ **Female** \_\_\_ **No Preference** \_\_\_

**Requesting a Member still able to correspond with you**  
Yes \_\_\_ No \_\_\_

**Requesting the next Member on the list:**  
Yes \_\_\_ No \_\_\_

**Please fill this out and return it to:**

**FASNY Firemen's Home  
ATTN: Activities Department  
125 Harry Howard Ave  
Hudson, NY 12534**