

**Firemen's Home Adoption  
Request Form**

---

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

---

**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**