



Larkspur Volunteer Fire Auxiliary APPLICATION

First Name _____ Last Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Spouse's Name (if applicable) _____

Number of Children (if applicable) _____

Occupation _____

Best Time To Call _____

Are you a Resident of Larkspur ____ YES ____ No

Signature _____

Print Application and mail to the following address :

LVFA
PO Box 409
Larkspur, CO. 80118

There is a \$ 12.00 annual membership fee (\$ 1.00 per month)
When payment is received and you are approved, you will receive one free decal for your car. Additional decals are \$ 2.50 each.