



New Providence Fire Department



HOSE COMPANY NO.1
175 FLORAL AVENUE
POST OFFICE BOX 671
NEW PROVIDENCE, N.J. 07974-0671

February 24, 2020

Mayor & Council
Borough of New Providence
360 Elkwood Avenue
New Providence, N. J.

11 MAR 8:45 AM

Re: Alexander L. Pereira
Membership Application

Mayor & Council

On behalf of the New Providence Fire Department, I would like to inform you that at our February 12, 2020 Business Meeting, Alexander L. Pereira was accepted as a member of our Department.

Enclosed please find his application for your review and approval.

If you have any questions, please feel free to contact me

Sincerely,

Mary Rose Piana
President
New Providence Fire Dept

New Jersey State
Firemen's Association
Application for Membership

Form 100 - REV 5/19

Date 2/12/20

ASSOCIATION #	COMPANY #	LINE #
FOR STATE OFFICE USE ONLY		

New Providence Relief 250 New Providence Union
Relief Association Name Assoc. Number Municipality County
New Providence Fire Dept Hose Co #1 New Providence
Fire Company Name Fire Department Name

Applicant Name Alexander JB Pereira
First Middle Initial Last Suffix
Home Address 92 Pine Way New Providence 07974
Street Municipality Zip Code # of years

Date of Birth [REDACTED] Birth Place Livingston, NJ SS # [REDACTED]
(REQUIRED)

Applicant Phone Number [REDACTED] Applicant Email Address [REDACTED]

Have you ever applied to be a member of the NJSFA? ☐ Yes ☒ No If yes, when _____ where _____

If you have a line number with another Relief Association: ☐ Stay with previous Association ☐ Move records to new Association

Signature of Applicant (witnessed by a Notary Public): [Signature]

State of New Jersey, County of Union
On Jan 12th, 2020 before me, Aimee Fischbeck, Notary Public in and for said County, personally appeared
Alexander Pereira, (signer) who has satisfactorily identified himself/herself as the signer to the above referenced document.

My Commission Expires: 1/5/2025 Aimee Fischbeck
Notary Public Signature

[Signature] [Signature]
Signature of Relief Association Secretary Signature of Chief of Department
Type of Firefighter the Applicant will be: ☐ Career (full time paid) ☒ Volunteer

Municipal/Fire District Approval: I hereby certify that this applicant was admitted to active membership in the Department and has been approved by the governing body of _____ on the _____ day of _____, 20____.
Signature of Municipal Clerk/Board of Fire Commissioners: _____

A. Application portion should be completed by Applicant - Typed or Printed ONLY
B. Application must have the Physical Test Record completed by a New Jersey Licensed Physician, Nurse Practitioner or Physician's Assistant
C. The completed Application and Physical Test Record must be returned to the Local Relief Secretary
D. The Local Relief Secretary shall review the application for completeness, attain the proper signatures, and forward to the NJSFA State office.
The Applicant is not a member of the NJSFA until the completed **ORIGINAL** application is received **AND** approved at the NJSFA State office.