



DECEMBER 2012

**NEW YORK CITY FIRE DEPARTMENT APPLICATION
FOR AFFILIATED ORGANIZATION STATUS**

Complete this application in its entirety and forward it to the Director of Special Projects and Events, Office of Public Information, New York City Fire Department, 9 MetroTech Center, 8th Floor, Brooklyn, NY 11201-3857, together with supporting documentation and a non-refundable application fee of \$100.00 payable to the New York City Fire Department.

1. Name of Organization

2. Organization Representative:

Name: _____

Title: _____

3. Organization Contact Information:

Organization Mailing Address: _____

Organization Telephone No.: _____

Organization E-Mail Address (*optional*): _____

Organization Website: _____

4. Date Organization Founded: _____

5. Type of Affiliation Sought:

- Line Organization (*active FDNY personnel*)
- Retiree Organization (*retired FDNY personnel*)
- General Interest Organization (*active FDNY personnel, retired FDNY personnel, and/or other persons*)

6. Who may become members of your organization? (Check all that apply.)

- Firefighters
- Fire Officers
- Emergency Medical Technicians/Paramedics
- EMS Officers
- Fire Alarm Dispatchers
- Fire Prevention Inspectors
- Civilian Fire Department Personnel
- Active Personnel
- Retired Personnel
- Families of Fire Department Personnel
- Anyone Interested (*including persons other than Fire Dept personnel*)
- Other (*explain*): _____

7. What is the size of your organization?

- 1-19 members
- 20-100 members
- More than 100 members

8. How many active Fire Department personnel are members of your organization?

- 0-19 members
- 20-100 members
- More than 100 members

9. How many retired Fire Department personnel are members of your organization?

- 0-19 retirees
- 20-100 retirees
- More than 100 retirees

10. What is the mission, creed or purpose of your organization? (You may respond to this question by providing a brochure, corporate document or other descriptive material.)

11. What types of activities would your organization engage in?

12. Form of Your Organization:

- Unincorporated Association
- Not-For-Profit Corporation (*identify type*): _____
- Union-Affiliated Organization (*identify union*): _____
- Other (*explain*): _____

If your organization is a Not-For-Profit Corporation, please indicate the type of corporation, above and provide:

State Tax Identification Number: _____
Federal Tax Identification Number: _____

13. What is your organization's corporate name or other legal name (if any)?

14. Who are the officers of your organization? (*You may respond to this question by providing a letterhead or brochure.*)

Name: _____ Title: _____

15. How often are elections held? _____

16. Is your organization a subdivision of a larger organization? If yes, identify the organization you are part of.

17. How would the Fire Department benefit from officially recognizing your organization as an affiliated organization?

18. How would your organization benefit from official Fire Department recognition as an affiliated organization?

19. For what purpose would your organization use “Fire Department,” “FDNY,” or the Fire Department Shield or Maltese Cross logos? Please specify proposed uses.

20. Is there any other information that you wish the Fire Department to take into consideration? Feel free to attach any relevant documentation.

21. Please provide a copy of each of the following documents (*check to indicate copy is attached*):

_____ Constitution

_____ By-Laws

_____ Certificate of Incorporation (*if applicable*)

_____ List of active FDNY personnel who are members of your organization

_____ Letterhead/Brochure (*if applicable*)

CERTIFICATION

I hereby certify that the statements contained in this application and supporting documentation are true.

I have read, and am familiar with, provisions of the Fire Department policy governing affiliated organizations, including the provisions relating to fundraising and soliciting funds; use of the FDNY Trademarks; and compliance with the New York City Conflicts of Interest Law.

I understand that the grant of affiliated organization status and permission to use FDNY Trademarks may be revoked by the Fire Department at any time.

Signature of Organization Representative

Date