APPLICATION FOR ACTIVE MEMBERSHIP

TYPE OF MEMBERSHIP

____Full Firefighter ____ EMS Only ____Fire Police Only ____ Administrative Only

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle Initial)
Address _____
City _____ State _____ Zip _____

Telephone # _____ C-phone # _____ Age _____
Date of Birth _____ Social Security # _____
Email address _____

Are you a citizen of the USA? .....____yes ____no
Do you have any convictions or felonies?.....____yes ____no
Do you have any allergies?.....____yes ____no

If yes, please list _____
Do you have any physical restrictions that prevent you from successfully completing the tasks of a firefighter: .....____yes ____no
Have you ever belonged to another fire company?.....____yes ____no

If yes, please list: _____

List all state, county and in-house firematic or EMS courses that you've taken:

_____

_____

EMPLOYMENT HISTORY

Are you currently employed?.....____yes ____no

If yes, name of employer _____
Employer's address _____
Employer's telephone_____ Job position _____

Please list two (2) references:

Name _____ Address _____
Telephone _____

Name _____ Address _____
Telephone _____

Applicant's signature _____ Date _____

Member's signature _____

Member's signature _____

An application fee of five dollars ($5.00) must accompany application

---

DO NOT WRITE BELOW THIS LINE – FOR NFC USE ONLY

$5.00 paid _____yes ____no received by _____
_____ cash _____ check # _____

Executive Board Approval _____yes ____no

Signed: _____

Signed: _____

Member voted into company _____yes ____no

Vote Date _____