

TREVOSE FIRE COMPANY APPLICATION FOR MEMBERSHIP

PLEASE PRINT IN INK ONLY

DATE: _____

Name: _____ Phone #: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous address if less than 5 years: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Name of nearest relative or spouse: _____

Social Security #: _____ - _____ - _____ Occupation: _____

Name and Address of Employer: _____

Have you ever been a member of another Fire Company? Yes ___ No ___ If yes,

Name the Company and what training have you had? _____

Have you ever been arrested? Yes ___ No ___ If yes, Please explain the
circumstances: _____

If you are under the age of 18, consent is required of BOTH parents or guardians

Signatures: Mother _____ Father _____

Legal Guardian's signature: _____

Type of proposal: [] ACTIVE [] ASSOCIATE [] CONTRIBUTING

Station Assignment: [] Station 4 [] Station 84

Note: By signing this application for membership, the applicant agrees to permit the Trevoze Fire Company to investigate his/her background to determine his/her suitability for membership. The applicant is also notified that the references provided above may be checked, if desired, by the Trevoze Fire Company to insure that the applicant is of good moral character and would be an asset to the Trevoze Fire Company.

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