

Linglestown Fire Co. No. 1



MEMBERSHIP APPLICATION

REVISED 2009

Linglestown Fire Company No. 1

Membership Application

Personal Information

Name (Last, First, MI) _____

Address _____

City, State, Zip _____

Date of Birth (MM/DD/YYYY) _____

Social Security # _____

Driver's License # _____

Telephone # _____

Cell Phone # _____

E-Mail Address _____

Emergency Contact Information

Name (Last, First, MI) _____

Address _____

City, State, Zip _____

Telephone # _____

Cell Phone # _____

Name (Last, First, MI) _____

Address _____

City, State, Zip _____

Telephone # _____

Cell Phone # _____



Previous Fire Service Experience (Please Attach All Certifications to Membership Application)

Organization Name _____
Start/End Date _____ / _____
Reason for Leaving _____
May We Contact Them? _____

Organization Name _____
Start/End Date _____ / _____
Reason for Leaving _____
May We Contact Them? _____

Miscellaneous Information

Proposed By _____
Membership Type _____
(Active Fire Fighter, Fire Police, Social)

I hereby certify the above information to be accurate to the best of my knowledge and give Linglestown Fire Company No. 1 permission to verify the above information and contact any individuals and/or organizations I have provided. I also understand that if any of the above information is incorrect or false, this will be grounds for my application for membership to be rejected. It is my understanding that my active membership is "At Will" and that I may be subject to disciplinary action or expulsion by the Fire Chief or the Executive Board of the Linglestown Fire Co., No.1 for any reason they see fit.

Signature _____ Date _____

Fire Company Use

Date Application Received _____
Public Welfare Check _____
PA State Police Check _____
Applicant Proposed Date _____
Applicant Approved Date _____ Vote Count (F/U) _____ / _____

