



Volunteer Fire Department

Membership Application

Date: ___/___/___

Type of membership you are applying for: Active [] Associate []

Name: _____, _____ MI
Last First

Address: _____

Phone number: (___) ___ - ___ Driver license number: _____

Date of Birth: ___/___/___
Month Day Year

Marital Status: _____ Age: _____

Who to notify in the event of an emergency: _____

Occupation: _____ Employer: _____

Employer phone number: (___) ___ - _____

Height: ___' ___" Weight: ___ lbs. Hair color: _____ Eye color: _____

Have you ever been convicted of a felony? Yes [] No []

Have you ever been convicted of driving under the influence? Yes [] No []

Are you currently involved with any other emergency service organization(s)? Yes [] No []

If so, what organization(s)? _____

List any previous training of certificates and certificate numbers:

1. _____
2. _____
3. _____
4. _____

I hereby certify that the above information is accurate as of the date of this application.

Signature of applicant