

East Litchfield Volunteer Fire Company Application for Membership

I hereby make application for ___Active ___Associate membership, and agree, if elected, to conform to the company's by-laws, rules and regulations, which I have read. I enclose two dollars (\$2.00) to cover my admission fee. In compliance with Public Law 93-380, I hereby give permission for required information to be released to the chief of this fire company.

Signature Date

Recommended by: _____

Name: _____ Date of Birth: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Place of Employment: _____ Occupation: _____

Please list any physical disabilities: _____

Have you had any emergency response training? ___yes ___no

If yes, please specify: _____

Do you hold a valid driver's license? ___yes ___no class: _____

In case of emergency who should we contact?

Name: _____ Telephone: _____

Address: _____

Requirements for Membership:

Applicants must be over the age of eighteen years.

All applicants on acceptance will be expected to abide by all Company by-laws and regulations.

Acceptance for membership does not become effective until applicant passes physical examination by physician approved by department.

Annual dues for Active and Associate Members are five dollars (\$5.)

All new members will be on a six month probation and will be reviewed before final approval.

Physician's Certificate

Name of Applicant: _____

Date of Examination: _____

Accepted: _____

Rejected: _____

Physician's Signature

Date

Company Record

Company #: _____

Date Application Received: _____

Date Reported By: _____
Investigation Committee

Favorable: _____

Unfavorable: _____

Date Voted on by Company: _____

Accepted: _____

Rejected: _____

Company Secretary Signature

Date