



**EDUCATION:**

HIGH SCHOOL / TECH SCHOOL:

COLLEGE / VOCATIONAL SCHOOL:

POST GRADUATE:

MILITARY EXPERIENCE:

\*\*\*\*\*

**EXPERIENCE**

(PREVIOUS FIREFIGHTING / EMERGENCY SERVICES ORGANIZATION EXPERIENCE)

FIRE COMPANY / ESO:

DATE: \_\_\_\_\_

MM/DD/YY

RANK: \_\_\_\_\_

FIRE CHIEF'S / ADMINISTRATOR:

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*

**EXPERIENCE**

(PREVIOUS FIREFIGHTING / EMERGENCY SERVICES ORGANIZATION EXPERIENCE)

FIRE COMPANY / ESO:

DATE: \_\_\_\_\_

MM/DD/YY

RANK: \_\_\_\_\_

FIRE CHIEF'S / ADMINISTRATOR:

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

TOTAL YEARS INVOLVED IN FIRE COMPANY / ESO:

FIRE SCHOOLS / TRAINING (FIREFIGHTERS / RESCUE / EMS, ETC.)

1.)

2.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**HEALTH INFORMATION**

**IS THERE ANY REASON THAT YOUR PRESENT HEALTH CONDITION WOULD RESTRICT YOUR ACTIVITIES AS A FIRE FIGHTER / EMERGENCY SERVICE PROVIDER?  
(IF YES, PLEASE EXPLAIN.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU SUFFER FROM ANY FEARS / PHOBIAS THAT WOULD RE-STRICIT YOUR ACTIVITIES AS A FIRE FIGHTER / EMERGENCY SERVICES PROVIDER?  
(FEAR OF HEIGHT, CLAUSTROPHOBIA, ETC)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SIGNATURE OF PRESIDENT:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

MM/ DD/ YY/

**REGULAR MEETING**

**SPONSER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

MM/ DD/ YY/

**DIRECTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

MM/ DD/ YY/

**1st READING:** \_\_\_\_\_

MM/ DD/ YY/

**2nd READING:** \_\_\_\_\_ ***\*IF REQUIRED***

MM/ DD/ YY/

**ACCEPTED:** \_\_\_\_\_

**REJECTED:** \_\_\_\_\_

**RECORDING OFFICIAL:**

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**WORKING PAPERS:** \_\_\_\_\_

MM/ DD/ YY/

**RECORDED:** \_\_\_\_\_

MM/ DD/ YY/

**\*\*DUES: \$5.00 A YEAR**

**\*\*INITATION FEE: \$10.00 (TOTAL DUE WITH APPLICATION)**

**CARD NUMBER:** \_\_\_\_\_

**MEMBERSHIP CLASSIFICATION:**

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**ACTIVE / SOCIAL**

**\*\* MONEY DUE UPON SUBMITTING OF MEMBERSHIP**

**ACTIVE MEMBERS / SOCIAL MEMBERS SHALL PAY AN INITIATION FEE OF TEN (10) DOLLARS. AN ANNUAL FEE OF FIVE (5) DOLLARS.**

**AUXILIARY / JUNIOR MEMBERS SHALL PAY AN INITIATION FEE OF ZERO (0) DOLLARS AND AN ANNUAL FEE OF ZERO (0) DOLLARS.**

**AUXILIARY MEMBERS: 16-18 YEARS OF AGE**

**JUNIOR MEMBERS: 14 UP TO 18 YEARS OF AGE**

**ALL NEW MEMBERS SHALL BE ON A 6 MONTH PROBATIONARY PERIOD WHICH SHALL BEGIN FROM THE DATE OF ACCEPTANCE OF THIS APPLICATION**

