

# PALMYRA FIRE COMPANY, INC

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ HOURS WORKED: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

LIST ANY KNOWN MEDICAL CONDITIONS, DISABILITIES, AND/OR AILMENTS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: HEART DISEASE, EPILEPSY, OR EMPHYSEMA (COPD)

\_\_\_\_\_  
I, \_\_\_\_\_, hereby request membership in the Palmyra Fire Company, Inc. I agree to conform to all regulations and by-laws, and the authority of all Fire Company officers. I understand that a \$5.00 fee for the first year's dues must accompany this application or be presented at the time of interview. I further understand I will be interviewed by the Palmyra Fire Company, Inc. membership committee, and that I must pass a required background check done by the Wayne County Sheriff's Department.

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

(IF UNDER 18)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>FOR FIRE COMPANY USE BELOW</b>
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APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPROVED BY THE PALMYRA FIRE COMPANY, INC.:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

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

COMPANY PRESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION SUBMITTED TO BOARD BY: \_\_\_\_\_ DATE: \_\_\_\_\_