



# The First West Chester Fire Company

## MEMBERSHIP APPLICATION



I Desire to become a member of the First West Chester Fire Company with the following status:

( ) ACTIVE      ( ) APPRENTICE      ( ) CONTRIBUTING

NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ S.S. #: \_\_\_\_\_ PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DRIVER LIC # / STATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

IF STILL IN SCHOOL:      NAME OF SCHOOL: \_\_\_\_\_

CURRENT GRADE LEVEL: \_\_\_\_\_

LIST (If Any), PREVIOUS FIRE DEPARTMENT ACTIVE MEMBERSHIP:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RANK: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RANK: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RANK: \_\_\_\_\_

LIST (If Any), CURRENT FIRE DEPARTMENT ACTIVE MEMBERSHIP:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RANK: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RANK: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RANK: \_\_\_\_\_

LIST (If Any), HEALTH DEFECTS OR IMPAIRMENTS: \_\_\_\_\_

ALL APPLICATIONS FROM THE AGES OF 14 TO 18 YEARS OF AGE MUST OBTAIN WRITTEN PERMISSION BY – PARENT OR GUARDIAN, AND MUST OBTAIN WORKING PAPERS BEFORE THIS APPLICATION WILL BE CONSIDERED.

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

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

(IF APPLICANT IS UNDER AGE 18)

SPONSOR'S SIGNATURE: \_\_\_\_\_

PRINT SPONSORS NAME: \_\_\_\_\_

***ALL OF THE ABOVE INFORMATION MUST BE COMPLETELY FILLED IN AND THE MEMBERSHIP FEE OF \$10.00 MUST ACCOMPANY THIS APPLICATION.***