



(Please use ink & print)

APPLICATION FOR MEMBERSHIP

PERSONAL

NAME: \_\_\_\_\_  
Last First Middle Social Security #

Address: \_\_\_\_\_  
Street & No. City State Zip Code Phone #

How long resided in Town of Carroll? \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

Number of Children \_\_\_\_\_ Your Height \_\_\_\_\_ Your Weight \_\_\_\_\_

Please state any known physical limitations such as Heart Disease, Hernia, Allergy, Etc., \_\_\_\_\_

Do you have any fear of heights? \_\_\_\_\_ Name of person to be contacted in case of  
emergency: \_\_\_\_\_ Their Phone # \_\_\_\_\_

Name of your employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Names of friends and or relatives now in this organization:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

EDUCATION

Circle Highest Grade Completed:

High School: 1 2 3 4 College: 1 2 3 4

Other education such as New York State Fire Schools: \_\_\_\_\_

Have you ever been a member of any other Fire Dept.? \_\_\_\_\_

If yes, name of department \_\_\_\_\_

U.S. MILITARY

Branch of Service \_\_\_\_\_ Date Entered \_\_\_\_\_ Date of Separation \_\_\_\_\_ Rank held at time of separation \_\_\_\_\_ Type of Discharge Received \_\_\_\_\_ Present Draft classification \_\_\_\_\_

REFERENCES

Please list three character references other than Firemen:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

REMARKS

Applicant proposed for membership by: \_\_\_\_\_

(Member's Name)

“Statement of Applicant”

“I hereby apply for Active Membership in the Frewsburg Fire Company Inc. If accepted, I will adhere to all Rules and regulations set fourth by said organization now and in the future, I understand that failure on my Part to adhere to said regulations, may resulting my expulsion from the roles of the organization. Also the Initiation fee of \$ \_\_\_\_\_ plus \$ \_\_\_\_\_ first years dues, must accompany this application.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date of application)

“APPLICANT - DO NOT WRITE BELOW THIS LINE”

\* Report of Investigating Committee; must be signed by all three officers:

Favorable \_\_\_\_\_ Unfavorable \_\_\_\_\_  
Name: \_\_\_\_\_ Office held: \_\_\_\_\_  
Name: \_\_\_\_\_ Office held: \_\_\_\_\_  
Name: \_\_\_\_\_ Office held: \_\_\_\_\_

