

# BIRDSBORO-UNION FIRE DEPARTMENT MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

## EMPLOYMENT INFORMATION

Current employer:

Employer address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

## EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## MEMBERSHIP CATEGORY (CHECK ONE)

FIREFIGHTER \_\_\_\_\_

SUPPORT \_\_\_\_\_

JUNIOR FIREFIGHTER \_\_\_\_\_

## REFERENCES

Name

Address

Phone

Have you ever been arrested and/or convicted, pled guilty or no contest to any criminal charge? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please give specific details:

Do you have any physical limitations of health conditions which would prohibit, limit or impede the ability to perform the tasks

Of a firefighter? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes please describe:

## SIGNATURES

I authorize the verification of the information provided on this application. I hereby agree to abide by the rules and regulations of the Birdsboro-Union Fire Department. I have received a copy of this application.

Signature of applicant:

Date:

Signature of Parent or Guardian for Junior Membership, if applicable

Date:

Name & Signature of Sponsor:

Date:

## ACTION TAKEN

Date of Nomination:

\$10.00 Dues Collected By:

Date of Approval:

Membership Card Issued: