

Application for membership
Latin Fire Department

Last _____ First _____ M.I. _____

Address _____ Town _____ State _____ Zip _____

D.O.B _____ SS# _____

(570) _____ Home phone _____
Cell / Pager _____ Work phone _____

Employer _____ ;
Job Title _____

Are you married? Yes _____ No _____
If yes list spouse's name _____

Position applying for: Firefighter _____ ; Jr. Firefighter _____ ; Associate Member _____

If accepted I agree to abide and obey all the By-Laws, Rules, and Regulations of the Latin Fire Department and to promptly pay all dues, fines, and penalties prescribed by same.

List any training you have below. (also bring copy of certificate)

Signature: _____ Date: ____ / ____ / ____

OVER

List references below. (min. of three)

	Name	Phone #
4		
3		
2		
1		

*Committed of investigation on the application for membership.
Lafin Fire Department does have the right to reject any application with just cause.*

Approved _____

Disapproved _____

Remarks

Investigator _____

Investigator _____

Investigator _____

Investigator _____

Issued by: _____

Date ____/____/____