

Winburne Volunteer Fire Company # 1
Application For Membership

Date _____

Sponsored By: Officer _____ Member _____

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Employer _____ City _____

Social Security # _____

Date of Birth _____

Drivers License # _____ Class _____ Exp. Date _____

Do you have any health issues the fire company should know about or any issues that may limit you in the ability to perform the task that you are asked of you? (Please be truthful this information is only for your file, and will not be used in determining your acceptance)

Marital Status _____ Spouse _____

Beneficiary for insurance: _____

What areas are you willing to help the fire company with: Circle all that apply:

FIREFIGHTING RESCUE COOKING FUNDRAISER

Please choose your type of membership circle one:

Active Social

Have you ever been previously arrested? Yes No

Official use only. Do not write below this line

First reading ____/____/____

Second reading ____/____/____

Probationary Member until ____/____/____

Junior Member until ____/____/____

Junior members
Advisors please sign

- 1.
- 2.
- 3.