

# Central City Fire Department

241 Sunshine Ave. Central City, PA 15926



## APPLICATION FOR MEMBERSHIP

Date of Application: \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

I do hereby make application for (circle one):

**ACTIVE, SOCIAL, LIFE, QRS, JUNIOR, FIRE POLICE** membership in your organization. And if elected, I agree to be governed by your constitution and by-laws.

Applicant Signature: \_\_\_\_\_ Proposed by: \_\_\_\_\_

Date of application presented to company: \_\_\_\_\_

(to be filled in by MEMBERSHIP SECRETARY)

Date of ELECTION or REJECTION: \_\_\_\_\_

(pending 6 months probation)

Please note:

All applications must go through FIRE ESSENTIAL within their first 6 months of being in the department. If applicant has already gone through FIRE ESSENTIALS, he or she must provide proof that they went through the class. If applicant is applying for QRS membership they must provide proof of EMS training.