

ALLEGANY ENGINE CO., INC.

MEMBERSHIP APPLICATION FOR FIRE DEPARTMENT

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SS# _____

HOME PHONE #: _____ WORK PHONE #: _____

DRIVER'S LICENSE #: _____ CLASS: _____

OCCUPATION: _____

EMERGENCY NOTIFICATION:

NAME: _____

ADDRESS: _____

RECOMMENDED BY: (Two current AFD members in good standing required)

Member's Signature

Member's Signature

ANSWER THE FOLLOWING:

Are you in good physical condition and free of impairments, which could hamper your duty as a fire fighter? Yes [] No []

Will you answer all fire, accident, and rescue squad calls; except when sick, disabled, or absent from area? Yes [] No []

Will you obey all proper orders of the Fire Chief and his officers? Yes [] No []

If you answered no to any of the above questions your application for membership could be denied.

NOTE: ALL APPLICATIONS MUST RECEIVE A PHYSICAL FROM THE AFD DOCTOR BEFORE BEING PRESENTED TO THE BOARD OF COMMISSIONERS. UPON BECOMING A PROBATIONARY MEMBER ALL APPLICANTS MUST ATTEND AN ESSENTIALS CLASS WITHIN A YEAR.

Initiation fee is \$5.00 (submitted with application) and yearly dues are \$5.00 (first year in advance).

I attest that the above information is accurate and has not been falsified.

Applicant's Signature

Accepted _____ Rejected _____ Date accepted or rejected _____

Key Number _____

Fireman's Appointed Number _____