

# CHAUTAQUA FIRE DEPARTMENT MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ (Please Print)

Address: \_\_\_\_\_  
(Street Number & Name) (City) (State) (Zip)

Mailing Address (if different from above):

Mail: \_\_\_\_\_  
(Street Number & Name) (City) (State) (Zip)

Telephone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Years at Above Address: \_\_\_\_\_

<b><u>DO NOT</u></b> Fill Out Information In This Box Until <b>AFTER</b> Acceptance by the Fire District Board of Commissioners	
Date of Birth: ____/____/____	Social Security Number: ____/____/____
Drivers License Information:	
#: _____	State: _____ Class: _____ Expires: ____/____/____
Restrictions: _____	

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number & Name) (City) (State) (Zip)

Do you have any physical restrictions? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If "Yes" please explain briefly)

Explain why you would like to become a member of this department: \_\_\_\_\_

Do you understand and agree to the requirements and duties of the Fire Department?  
\_\_\_\_\_ Yes \_\_\_\_\_ No, I would like to meet with the membership committee to discuss the requirements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (Junior Members): \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored by: \_\_\_\_\_ Date: \_\_\_\_\_

References: (please be sure you have permission from the people that you use as references)

1. \_\_\_\_\_ Address: \_\_\_\_\_

2. \_\_\_\_\_ Address: \_\_\_\_\_

3. \_\_\_\_\_ Address: \_\_\_\_\_