East New Market Volunteer Fire Department, Inc.
P.O. Box 280
East New Market, MD 21631

APPLICATION FOR MEMBERSHIP

Membership Type Requested

☐ Probationary Active (18 & older) ☐ Junior (16-17) ☐ Cadet (14-15) ☐ Honorary (18 & older)

Instructions

Completely answer all questions. All information must be legible. Return completed application to any company member or mail to the address above. Use the back of this page or attach additional sheets if more room is needed.

Complete Name_____
(First) (Middle) (Last)

Mailing Address

_____
_____
_____

Physical Address

_____
_____
_____

Social Security Number _____ **Date of Birth** _____
E-Mail Address _____
Phone Number _____ _ **Cell Number** _____

Driver's License No. _____ **State** _____ **Class** _____

List all convictions (felony or criminal). Include date, type of conviction and court name. If none, write "none".

_____
_____

List all training received (firefighting, medical, rescue, hazmat). If none, write "none".

_____
_____

Note: For all types of membership, with the exception of Honorary, a note from your doctor must be stapled to this application stating that you are able to participate in the activities associated with firefighting. If any information on this application is found to be false, the application will be rejected. If application information for current members is found to be false, your membership will be terminated. The membership investigation committee will be in contact with you after your application has been submitted to the company at a regular meeting.

_____ _____
Signature of Applicant **Date**