

Application for Membership
() Active () Associate () Social

Name: Last _____ First _____ MI _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Age: _____ Date of Birth: _____ SS # _____ Occupation: _____

Home Phone: () _____ Cell: () _____ Work: () _____

E-mail Address: _____

High School Diploma/GED: YES ___ NO ___ College Education: YES ___ NO ___

Experience: List any certification numbers if known and supply copies of certifications/training when available.

Fire: YES ___ NO ___ If yes, brief description: _____

Rescue: YES ___ NO ___ If yes, brief description: _____

EMS: YES ___ NO ___ If yes, brief description: _____

If yes on any, List Department and Chief with contact number(s) for both below.

I hereby make application for membership to the Woodward Twp. Vol. Fire Company and if admitted to comply with the constitution and by-laws, rules and regulations, and standard operating guidelines. Signing below authorizes the Woodward Twp. Vol. Fire Company to perform a criminal background check with the Pennsylvania State Police. This form will be provided with this application.

Signature of Applicant _____ Date _____

Examining Committee Signatures _____ Date _____
_____ Date _____

Received by Secretary _____ Date _____

Application Fee Received () YES () NO Dues Received () YES () NO

Fees of \$10.00 for PSP background check and \$2.00 for active membership dues and \$1.00 for social and associate.

Report of Examining Committee () Favorable () Unfavorable

Applicant Elected () YES () NO Date of Elected/Rejected _____

Secretary _____ President _____