



WEST WHITELAND FIRE CO.

- Membership Application -

PERSONAL DATA: (Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Social Security No: _____

Drivers License No: _____ Class(es): _____ Date of Birth: ____/____/____

VEHICLE INFORMATION:

Make: _____ Model: _____ Year: _____ Tag No: _____

MEMBERSHIP TYPE:

Active Firefighter Fire Police Administrative

Prior Experience or Training: _____

EMPLOYMENT:

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

CRIMINAL RECORD: Yes No

If yes, list dates of convictions, charges, sentence, location of court: _____

A non-refundable application fee of \$12.00 is required for precessing (this does not apply to those under the age of 18)

APPLICANT'S SIGNATURE: _____ Date: ____/____/____

**Signing this application authorizes the West Whiteland Fire Company to investigate the above applicant on any of the above information.*

PARENT'S SIGNATURE (if a minor): _____ Date: ____/____/____

TO BE COMPLETED BY THE MEMBERSHIP COMMITTEE:

Applicant Recommended By: _____

Dues Paid: Yes No Paid to: _____

Approved Not Approved