



## MEMBERSHIP APPLICATION

Name of applicant: \_\_\_\_\_

Current residence: \_\_\_\_\_

\_\_\_\_\_

How long have you lived there: \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_

Do you have a valid NYS drivers license?    Yes    No

If yes; your ID number is: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital status: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Do you have any firematic or EMS/EMT experience?    Yes    No

If yes; where and for how long? \_\_\_\_\_

\_\_\_\_\_

Are you currently employed?    Yes    No

If yes; where and for how long? \_\_\_\_\_

\_\_\_\_\_

Although it is not mandatory to join our Company, do you give us permission to run a criminal background check on you?    Yes        No

If yes; sign\* and date: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

*\* If completing form on line, checking this box affirms your signature:*

If accepted to the membership, do you agree to follow the rules and By-Laws of the Clarence Fire Company and the Clarence Fire District #1?    Yes        No

Do you know any current or past members of our Company?    Yes        No

If yes; please list who: \_\_\_\_\_  
\_\_\_\_\_

References: Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Do you agree to an entrance and yearly physical?    Yes        No

Have you ever been charged or convicted of an arson?    Yes        No

Name of your Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Upon receiving this application from you, our Membership Chairman will contact you within a couple weeks to let you know what the next step is. Please sign\* & date below and thank you for applying for Membership with us.

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

*\* If completing form on line, a signature will be obtained with the interview process.*