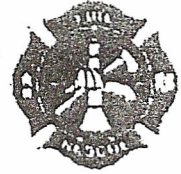




Paradise Leaman Place Fire Company

5-7 Hershey Avenue
P O Box 98
Paradise, PA 17562



APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Yr's Employed \_\_\_\_\_

References \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

References \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you or have you ever been a member of another Fire Company: \_\_\_\_\_ If so, how long? \_\_\_\_\_

Name of Fire Company \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Current Certifications \_\_\_\_\_

Drivers License # \_\_\_\_\_ Ever suspended? \_\_\_\_\_ if so, why \_\_\_\_\_

Any U.S. Military Service? \_\_\_\_\_ Presently a member of Nat'l Guard or Reserve? \_\_\_\_\_

Have you ever been convicted of any criminal charges or have a court record? \_\_\_\_\_

If yes explain \_\_\_\_\_

Are you currently under a Physicians care? \_\_\_\_\_ if so, for what reason? \_\_\_\_\_

Family Doctor \_\_\_\_\_ Medications \_\_\_\_\_

Emergency Contact Person/relationship \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Active Member Sponsoring \_\_\_\_\_

Sponsors Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This application is for \_\_\_\_\_ Firefighter \_\_\_\_\_ Jr. Firefighter \_\_\_\_\_ Fire Police \_\_\_\_\_ Auxillary

I, \_\_\_\_\_ Solemnly Swear that I will abide by the Constitution and By-Laws of the Paradise Leaman Place Fire Company (P&LP FC) and will to the best of my ability, support and work to make the P&LP FC a better organization. By signing this application it is understood that I will attempt to reach all training goals and requirements set by P&LP FC and by the state of Pennsylvania in order to fulfill my obligation.

I, \_\_\_\_\_ Authorize investigation of all statement contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection of this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If applicant is under the age of Eighteen (18) parent or legal guardian must sign.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Any other information you wish to offer/include please write below

Date approved for Trial Membership \_\_\_\_/\_\_\_\_/\_\_\_\_ Final Member Date \_\_\_\_/\_\_\_\_/\_\_\_\_