

# MILLVILLE COMMUNITY FIRE COMPANY

## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_ Phone Number \_\_\_\_\_

Sex \_\_\_\_\_ Driver License number(Please note CDL) \_\_\_\_\_

Beneficiary \_\_\_\_\_

Proposing Member Name \_\_\_\_\_

Proposing Member signature \_\_\_\_\_

Applicants Signature \_\_\_\_\_

(If the applicant is under the age of 18 Guardian Signature Required)

Guardian Signature \_\_\_\_\_

Date of first reading \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

### Special Note:

Please include any copies of and training certificates you may have from other departments or activities.

**If under the age of 18 please include a copy of your working papers.**