

Longwood Fire CompanyMembership Application



Name:		Maiden/alias name:			
Current address:					
Place of birth:	D	OB:	Age:	Sex:	
Social Security Number:	Driver's lice	Driver's license # and state issued in:			
Home phone:	Cell phone:				
З-mail:	Work phone	e:			
Current employer:	Occupation:				
Employer's phone number:					
	Second reading:	Office	rs' meeting:		
FOR OFFICIAL USE ONLY First reading:	Second reading:Back ground check:		rs' meeting:	•	

Have you ever been denied membership with this or a When: Where:		
Have you ever been arrested for a misdemeanor or fe YES If yes, please explain:	NO	
Have you ever been convicted of arson? YES	NO	
REFERENCES Name:	Years known:	Relationship:
Current address:		-
Name:	Years known:	Relationship:
Current address:	Phone:	E-mail:
Name:		-
Current address:	Phone:	E-mail:
STATEMENT OF UNDERSTANDING I submit this application with the understanding that it me stand this application will be voted upon by the members mit \$5.00 dues and all required paperwork, and I will also is officially completed. I agree to abide by the constitution pany. I hereby also authorize the membership committee driving record check on me.	hip at the following regular m so be required to meet with the n, by-laws and all rules and re	eeting and that, if approved, I will sub- officers before the application process gulations of the Longwood Fire Com-
Signature of applicant:		Date:
Signature of recommending member:		Date: