

Storm King Fire Engine Company #2

P.O. Box 333

Cornwall-on-Hudson, NY 12520

845.534.2841 office 845.534.3428 fax

www.stormkingfire.org

APPLICATION FOR MEMBERSHIP

Date: _____

APPLICATION FEE: \$5.00

Full Name (Print): _____
(Last) (First) (Middle)

Residence Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different): _____

Home Telephone: _____ Business Telephone: _____

Sex: Male Female Date of Birth: _____ Age: _____ Height: _____

Blood Type: _____ U.S. Citizen: Yes No

Social Security Number: _____ Religious Preference: _____

Driver License Number: _____ Issuing State: _____ Class: _____

Expiration Date: _____

Primary Beneficiary: _____

Have you ever been convicted of a felony? Yes No (If "YES" Provide Details)

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Please provide two character references, other than members of Storm King Fire Engine Company #2, or relatives.

Name	Address	Relationship	Years Known
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Name	Address	Relationship	Years Known
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Please explain your reasons for wanting to join this Company? _____

Are you currently, or have you ever been a member of any other fire department? Yes No

If yes, Name: _____ Location: _____

Declaration

By affixing our signatures below, We the undersigned and certify that; the statements contained within this application are accurate and true to the best of our knowledge and belief. We have reviewed the documents attached to this application and understand that they represent only a portion of the Constitution and By-laws of the organization. Furthermore, we understand that if selected for membership, the member will obey the rules of, and conform to the Constitution and By-laws, and submit to the authority of the Officers of the Company. Additionally, the applicant if approved for membership, promises to faithfully serve the Company and promote its interests at all times. We understand that should any of the information contained in this document be found to be false, the Member may be subject to immediate dismissal from the Company.

(Signature of Applicant)

(Date)

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Approved for Consideration By:

President, Storm King Fire Engine Company #2

Date

Medical Review

I have reviewed the findings of the physical examination, now on file, dated _____ and concur with the medical findings that the applicant is / is not qualified for membership.

Signature of Medical Officer

Date

Trustees Recommendation

Comments:

We have reviewed this application and in accordance with the By-laws of the Company, take the following actions

Approve For Membership

Rejected For Membership

Date: _____

Signature of Trustees

