

APPLICATION FOR MEMBERSHIP
Catawissa Hose Company, No 1
CATAWISSA, PA

The following information must be provided and will be held in confidence and be used for background investigations.

Name: _____ DOB: _____ Age: _____ Social Security # _____

Address: _____ Home Phone #: _____

Employer: _____ Employer Phone #: _____

Employer Address: _____

Have you ever been a member of any Fire Dept? YES _____ NO _____

If YES, what Dept's (if more space is needed please use separate sheet):

_____ How Long: _____

_____ How Long: _____

_____ How Long: _____

Have you ever been suspended or expelled from any other Fire Dept? YES _____ NO _____

If YES, explain Why: _____

I wish to apply for ACTIVE _____ SOCIAL _____ membership

References:

_____ Home Phone #: _____

_____ Home Phone #: _____

I HEREBY CERTIFY THAT ALL ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE FAILURE TO DO SO WILL RESULT IN IMMEDIATE REJECTION OR SUSPENSION.

APPLICANT: _____ DATE: _____

PROPOSER: _____ DATE: _____

TO THE CATAWISSA HOSE COMPANY #1

I hereby consent to allow _____ now under 18 years of age to make application and enter into membership in the Catawissa Hose Co. #1

Signature of parent or guardian: _____ Date: _____

REPORT OF INVESTIGATING COMMITTEE

We have made investigations as to character and standing of applicant and hereby report FAVORABLE _____

UNFAVORABLE _____ and DO _____ DO NOT _____ recommend that HE/SHE be admitted to the Catawissa Hose Co #1

INVESTIGATING COMMITTEE :

Application must be returned with copy of background check from P.S.P. Fee would be paid by applicate of application. www.psp.state.pa.us

Rev. Date 7-20-15