

LINCOLN FIRE COMPANY – APPLICATION FOR MEMBERSHIP

Name _____ SS# _____

Address _____ Phone # _____

_____ Cell # _____

Date of birth _____

Application Fee: \$10
(due with application)

TYPE OF MEMBERSHIP: JUNIOR FIRE QRS SOCIAL ADMINISTRATIVE

Do you currently hold an active membership in any other fire company in Montgomery County? YES NO

If yes - provide name of Fire Company and previous experience _____

Employer Name and phone number _____

Include copy of "PA State Police Background Check" with application -**\$10 fee required**
Obtain online @ <https://epatch.state.pa.us/Home.jsp> , allow 2-3 weeks to process.

Emergency contact information:

Name _____ Phone _____

Relationship _____

References (include two – not a relative)

Name _____ Phone _____

Name _____ Phone _____

I affirm that all of the above information is true and correct to the best of my knowledge and any attempt to falsify the information will result in immediate dismissal. I agree to comply with the rules and regulations of Lincoln Fire Co. if membership is approved.

Signature _____ Date _____

Date proposed _____ Date voted _____

Membership Secretary Initials _____ Date _____

Revised 12/14/09 SA