

Organized
And Chartered
1946



Meets
2nd Monday
Of Each Month

Bart Township Fire Co.

P.O. Box 72 — Bart, PA 17503
Business - 786-3348 Emergency 911

APPLICATION FOR MEMBERSHIP

* NEW MEMBERS STRONGLY URGED TO ATTEND MEETINGS! *
SEE OTHER SIDE BOTTOM FOR DETAILS.

LAST: _____ FIRST: _____ MI: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ SEX: M F
DATE BIRTH ___/___/___ PHONE: (____) _____ - _____ SOC.SEC.# _____ - _____

CIRCLE ARE YOU JOINING FIRE COMPANY OR SPECIAL DIVISION?

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS? _____ YRS.
OCCUPATION: _____ EMPLOYER: _____

CIRCLE HIGHEST LEVEL OF EDUCATION COMPLETED.
ELEMENTARY 6 7 8 9 10 11 12 COLLEGE _____ YRS.
NAME OF SCHOOL WHERE COMPLETED: _____

DO YOU HAVE, OR HAVE YOU HAD, ANY SERIOUS ILLNESS OR MENTAL OR PHYSICAL DISABILITY?
YES _____ NO _____ IF YES, _____

HAVE YOU EVER BEEN A MEMBER OF A FIRE COMPANY? YES _____ NO _____
IF YES, _____

HAVE YOU HAD ANY FIRE TRAINING? YES _____ NO _____
IF YES LIST COURSE TITLE, DATE AND LOCATION.

DATE	TITLE	LOCATION

NAME TWO (2) CHARACTER REFERENCES.

1) _____ PHONE: (____) _____ - _____
2) _____ PHONE: (____) _____ - _____

I THE UNDER-SIGNED DECLARING MYSELF TO BE A LAW-ABIDING CITIZEN, INTERESTED IN THE PROTECTION OF LIFE AND PROPERTY, AND BEING OF SOUND MIND AND CAPABLE OF EARNING A LIVELIHOOD, HEREBY MAKES APPLICATION TO BECOME A MEMBER OF THE BART TWP. FIRE COMPANY.

I REALIZE THE BART FIRE COMPANY IS NOT A SOCIAL CLUB AND THAT AS A MEMBER, I WILL BE REQUIRED TO GIVE FREELY OF MY TIME TO ATTEND MEETINGS, FIRES, TRAINING AND WORK DETAILS. IF THIS APPLICATION SHOULD BE GRANTED, I FAITHFULLY AGREE TO OBEY AND COMPLY IN ALL RESPECTS WITH THE CONSTITUTION, BY-LAWS, RULES AND USAGES OF THE FIRE COMPANY.

SIGNED: _____ DATE: ___/___/___

RECOMMENDED BY:

SIGNED: _____ DATE: ___/___/___

MORE INFO ON OTHER SIDE (OVER)

BENEFICIARY

NOTE TO MEMBER - OUR VOLUNTEERS ARE PROTECTED WITH GROUP INSURANCE. IT IS TO YOUR ADVANTAGE TO NAME A BENEFICIARY. PLEASE SHOW THE FOLLOWING INFORMATION.

DATE: ___/___/___

FULL NAME GIVEN

OF BENEFICIARY: _____

RELATIONSHIP

OF BENEFICIARY: _____

MEMBERS SIGNATURE: _____

MEMBER'S DATE OF BIRTH: ___/___/___

A FEE OF \$2.00 MUST ACCOMPANY APPLICATION. MONEY WILL BE RETURNED IF NOT ACCEPTED.

APPLICATION WILL BE BROUGHT BEFORE MEMBERS AT FIRST REGULAR MEETING AFTER FILLING OUT APPLICATION. AT THE NEXT REGULAR MEETING IT WILL BE VOTED ON FOR NEW MEMBERSHIP. MEMBERSHIP CARD WILL BE ISSUED AT MEETING WHEN MEMBER IS VOTED UPON.

*** NEW MEMBERS STRONGLY URGED TO ATTEND BOTH MEETINGS! ***

***** FIRE COMPANY USE ONLY *****

REPORT

DATE _____ 19____

WE THE UNDERSIGNED COMMITTEE OF INVESTIGATION, APPOINTED TO ACT UPON THIS APPLICATION, RESPECTFULLY REPORT THAT WE HAVE MADE A FULL INVESTIGATION OF THE CHARACTER AND STANDING OF THE WITHIN NAMED APPLICANT, AND FIND HIM/HER

FAVORABLE OF MEMBERSHIP UNFAVORABLE OF MEMBERSHIP

COMMITTEE

COMMITTEE

PRESIDENT'S INITIALS _____