

**APPLICATION FOR MEMBERSHIP  
SOUTH NEWTON TOWNSHIP VOLUNTEER FIRE COMPANY  
P.O. BOX 49  
WALNUT BOTTOM, PA 17266**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

BENEFICIARY \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

LIST ANY FIRE OR E.M.S. ORGANIZATION THAT YOU ARE OR WERE A MEMBER OF:

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY COMMUNITY ORGANIZATIONS OR CLUBS WHICH YOU ARE A MEMBER OF: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY POLICE RECORDS? IF SO, PLEASE LIST BELOW.

\_\_\_\_\_  
\_\_\_\_\_

I ATTEST THAT ALL THE ABOVE LISTED INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND IF FOUND OTHERWISE MAY BE GROUNDS FOR REJECTION, ALSO I GIVE THE OFFICERS OF THE SOUTH NEWTON TOWNSHIP VOLUNTEER FIRE COMPANY THE AUTHORITY TO INVESTIGATE FULLY OR COMPLETELY MY PERSONAL AND/OR PROFESSIONAL BACKGROUND.

SIGNATURE OF APPLICANT \_\_\_\_\_

RECOMMENDED BY

MEMBERSHIP COMMITTEE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DUES ARE \$3.<sup>00</sup> PER YEAR OR \$10.<sup>00</sup> FOR 5 YEARS PLUS \$1.<sup>00</sup> APPLICATION FEE.