

ALTAMONT FIRE DEPARTMENT

ALTAMONT, N.Y.

APPLICATION FOR MEMBERSHIP

1. Name _____ Date of Birth _____
Mo. Day Yr.

2. Social Security Number _____

3. Address _____

4. Home Telephone No. _____

Work Telephone No. _____

5. Have you been made familiar with the duties of a volunteer firefighter? Yes No

6. Have you ever been a firefighter before? Yes No

If so where? _____

How Long? _____

7. The reason for leaving above Company/Department: _____

8. List any offices held: _____

9. According to the by-laws of this Fire Department, a firefighter must attend at least 35% of ALL ACTIVITIES of this Department. Are you willing to give such time? Yes No

10. I, _____, do hereby apply for active membership in the Altamont Fire Department, and if elected to said membership, will abide by and obey all of the rules, laws and regulations of the same, also to obey and adhere to all orders and demands that may be directed to me by the OFFICERS in command of said Altamont Fire Department after having signed the Constitution and by-laws of the said Altamont Fire Department.

Applicant Signature

11. Recommended by: _____ (Department Member)

12. Investigating Committee

13. Board of Trustees

_____ Mayor

_____ Trustee

_____ Trustee

_____ Trustee

_____ Trustee

DATE: _____

DATE: _____

Application Fee \$ _____

Doctor's Certificate Submitted Yes No To Follow