



**SOMERS POINT VOLUNTEER FIRE COMPANY #2
APPLICATION FOR MEMBERSHIP**

Application must be returned within 25 days, a \$10.00 membership fee will be due upon acceptance for the first year.

Return by: _____ Application Number: _____

Print or type all information (except for signatures where required).

(Last) (First) (Middle)
Name: _____ Phone Number: _____ DOB: _____

Address: _____
Length of residence _____ Years _____ Months: _____
If less than 3 years, list previous addresses:

Employer's Name, address, and phone number:

How long employed? _____ Years
Current occupation and normal work hours: _____

SS #: _____ Driver's License Number: _____

Have you had any moving violations within three years? YES: _____ NO: _____

Present condition of your health: Excellent: _____ Good: _____ Fair: _____

Do you have any mental or physical handicaps? YES: _____ NO: _____

If yes, explain: _____

Do you have any previous fire training? YES: _____ NO: _____

If yes, please describe training: _____

Explain briefly the reason you want to be a Volunteer Firefighter In Somers Point.

Explain briefly the reason you want to be a member of Volunteer Fire Company #2.

