



The First West Chester Fire Company

MEMBERSHIP APPLICATION



I Desire to become a member of the First West Chester Fire Company with the following status:

() ACTIVE () APPRENTICE () CONTRIBUTING

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGE: _____ D.O.B.: _____ S.S. #: _____ PHONE: _____

OCCUPATION: _____ DRIVER LIC # / STATE: _____

EMPLOYER: _____ E-MAIL: _____

IF STILL IN SCHOOL: NAME OF SCHOOL: _____

CURRENT GRADE LEVEL: _____

LIST (If Any), PREVIOUS FIRE DEPARTMENT ACTIVE MEMBERSHIP:

NAME: _____ PHONE: _____ RANK: _____

NAME: _____ PHONE: _____ RANK: _____

NAME: _____ PHONE: _____ RANK: _____

LIST (If Any), CURRENT FIRE DEPARTMENT ACTIVE MEMBERSHIP:

NAME: _____ PHONE: _____ RANK: _____

NAME: _____ PHONE: _____ RANK: _____

NAME: _____ PHONE: _____ RANK: _____

LIST (If Any), HEALTH DEFECTS OR IMPAIRMENTS: _____

ALL APPLICATIONS FROM THE AGES OF 14 TO 18 YEARS OF AGE MUST OBTAIN WRITTEN PERMISSION BY – PARENT OR GUARDIAN, AND MUST OBTAIN WORKING PAPERS BEFORE THIS APPLICATION WILL BE CONSIDERED.

APPLICANT SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN SIGNATURE: _____

(IF APPLICANT IS UNDER AGE 18)

SPONSOR'S SIGNATURE: _____

PRINT SPONSORS NAME: _____

ALL OF THE ABOVE INFORMATION MUST BE COMPLETELY FILLED IN AND THE MEMBERSHIP FEE OF \$20.00 MUST ACCOMPANY THIS APPLICATION AS WELL AS A CRIMINAL BACKGROUND AND CHILD ABUSE CHECK WHICH MAY BE OBTAINED THROUGH THE PENNSYLVANIA STATE POLICE WEB SITE