



Royersford Fire Department Application for Membership

Membership Type	
<input type="checkbox"/>	Contributing Member
<input type="checkbox"/>	Active Firefighter (must complete page 2)

PLEASE PRINT CLEARLY

Full Name:		Date of Birth: / /		Age:
Address:		City:	State:	Zip:
Home Phone:	Mobile Phone:		Are you a Citizen? Y / N	
Driver's License #	Email Address:			

List 3 References (Required – other than Sponsor)

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

List any Social Clubs or Organizations that you belong to:

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

General Information:

Have you ever been refused membership from another Social Club?	Y / N
Have you ever been dismissed from a Social Club?	Y / N
Have you ever been convicted of a crime?	Y / N
If so, please explain:	

Sponsor Name:	Membership #:	Phone Number:
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I certify that the facts contained in this application are true and complete and understand that, if accepted, any false statements shall be grounds for dismissal.

I authorize the Royersford Fire Department to investigate any and all information on this application, and hereby authorize the named references to disclose such information, personal or otherwise, as requested during this investigation.

This Application must be returned to a Company Officer or bartender by applicant.

Signature of Applicant: _____ Date: _____

Verified By: _____ Date: _____



Royersford Fire Department Application for Membership

Membership Type	
<input type="checkbox"/>	Cadet (14-15 yo)
<input type="checkbox"/>	Junior Firefighter (16-17 yo)
<input type="checkbox"/>	Firefighter
<input type="checkbox"/>	Ambulance/EMS
<input type="checkbox"/>	Fire Police

Employment Information

Employer		Position Held:	
Address:	City:	State:	Zip:
Work Phone:			

Emergency Contacts (Required)

Primary Contact:	Relationship:	Phone Number:
Secondary Contact:	Relationship:	Phone Number:

Physical/Medical Information

Family Physician:	City:	Phone Number:
Height:	Weight:	Date of Last Physical:
Medications\Allergies (Explain)		

List any fire, ambulance, or police organizations to which you have belonged:

1:	Office in Charge:	Phone Number:
2:	Office in Charge:	Phone Number:
3:	Office in Charge:	Phone Number:

List any emergency training you have below and can you provide Training Certificates:

Signature of Parent or Guardian if under 18 years of age: _____

For Office Use Only:

Probationary Membership status of this applicant has been:	Approved / Denied (Circle One)
Signature of President:	Date:
Signature of Fire Chief	Date:
Reason for denial:	
First Reading Date:	Second Reading Date: