

CUMRU TOWNSHIP VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.

MEMBERSHIP APPLICATION

Please select class of membership:

Active Life Junior Associate

Last Name: _____ First Name: _____ MI: _____

Maiden Name and/or Aliases: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ Age: _____ Sex: _____

Social Security Number: _____ Home Number: _____

Email: _____ Cell Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____ Relationship: _____

Employer: _____ Work Number: _____

Occupation: _____

INFORMATION DISCLOSURE RELEASE

I hereby acknowledge and understand that checks for criminal records will be completed on a State and National Level for the purpose of becoming a member of the Cumru Township Volunteer Firefighters Association, Inc. I also hereby authorize the Association to ascertain any and all information which may be used to determine my suitability for membership in the Association. I realize that any false statements that I may give will be cause to disqualify me from consideration as a member.

Applicant Signature: _____ Date: _____

* If under the age of eighteen (18), you must have the signature of at least one parent or guardian.

Parent/Guardian Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____

Please return application to:

**Cumru Township Fire Department
Fire Chief
1775 Welsh Rd
Mohnton, PA 19540**

Official Use Only:

First Reading on: _____

Approved by Membership on: _____

Recording Secretary