



Conshohocken Fire Company No.2

Membership Application

Regular

Contribution

Junior [Ages 14-17]

Application Fee: \$10 for Regular or Contribution

\$8 for Junior

Name: _____ Date of Application: _____

Address: _____

Phone Number: () _____ Date of Birth: _____

Are you a United States Citizen? () Yes () No

Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone Number: () _____ Length of Time Employed at Present Employer: _____

Have you ever applied for membership or been a member of the Conshohocken Fire Company #2 before?

() Yes () No If yes, when? _____

Are you currently or have you ever been a member of any other Fire Company or Department? () Yes () No

If Yes, list organizations and dates of membership. _____

Do you have any friends or relatives in our Fire Company? () Yes () No

If yes, list names. _____

List three (3) references. _____

NOTICE

A completed application consists of paper application, application fee (cash or check made payable to Conshohocken Fire Company No. 2), Pennsylvania State Background Check, and Pennsylvania Child & Youth clearance. Any person who has lived outside of Pennsylvania within ten (10) years of application date must submit an FBI background check. *Junior Membership applications do not require background checks* Background check links can be located at keepkidssafe.pa.gov/resources/clearances/index.htm

Incomplete applications will not be processed until all items are supplied to the fire company.

I, the undersigned applicant, respectfully request membership in your company and hereby declare that I have not been expelled from nor rejected by any other fire company, ambulance squad or an alike organization. I am also aware that as a part of the membership process, I am subject to investigative measures conducted by the assigned Investigating Committee. If on inquiry, I should be found worthy, I will conform to the Constitution, By-laws, Rules and Regulations of the Conshohocken Fire Company No. 2.

Signature of Applicant: _____

Signature of Parent or Guardian: _____

Required for Junior Membership Only

---- DO NOT WRITE BELOW THIS LINE. FOR FIRE COMPANY USE ONLY ----

MEMBERSHIP SECRETARY

Date Submitted: _____

Completed Application Submitted? () Yes () No

If No, list missing item(s) _____

Application Fee amount \$ _____ () Cash () Check, Check # _____

Date turned over to Investigation Committee: _____

Date Elected to Membership: _____

Comments: _____

Membership Secretary

Date

Proposed By: _____ Date: _____

INVESTIGATING COMMITTEE

We, the Investigating Committee, appointed to make the necessary inquiries regarding the herein-named applicant respectfully wish to report that we have carefully performed the duty to which we have been assigned. We find the applicant () Worthy () Not Worthy for membership. We the undersigned hereby state that all pertinent information on this form and its attachments, supplied by the applicant, is true and correct to the best of our knowledge.

Investigating Committee: _____

Date: _____