

PHILMONT VOLUNTEER FIRE COMPANY No. 1 INC

BOX 87, BRUCE OLSON, SEC.

PHILMONT, NEW YORK. 12565.

MEMBERSHIP APPLICATION:

PRINT:

NAME: LAST FIRST INITIAL

ADDRESS: Box #. Street. City. State. Zip.

Phone #. Applicant will abide to By-Laws

Social Security # Driver Identification #.

Date of Birth. Place of Birth.

Eye Color. Hair Color. Height. Weight. Sex.

Initiation fee \$ 1.00

Signature Applicant

DO NOT WRITE BELOW THIS LINE

RECOMMENDED BY: SIGN & PRINT NAME.

TRUSTEES APPROVAL:

COMPANY APPROVAL. VILLAGE APPROVAL

FIREFIGHTER CLAASIFICATION: A B C D E OTHER