



DISTANT AREA VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Fire Fighter EMS/Qrs Social Junior (15 to17) Member *Junior Member must be able to obtain a PA work permit. (Please circle)	\$10.00 membership fee for age 18 & over	E-mail:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE OR DEPENDANT INFORMATION FOR INSURANCE CLAIMS

Name:		
Date of birth:	Driver's License #:	Phone:
Phone:	E-mail:	Cell:
City:	State:	ZIP Code:

REFERENCES

Name	Address	Phone

SIGNATURES

I authorize the verification of the information provided on this form. I understand that I must live in the service district of Distant Area Volunteer Fire Department to join as a member. I understand that Distant Area Volunteer Fire Department is a 501(c)3 non-profit organization that operates thru our organizations By Laws, Trustees, and Member Vote. I understand that a final decision for membership of the Distant Area Volunteer Fire Department is made by vote of the general membership. I understand that after the general membership votes on my application I will be granted a temporary 90-day membership, at the end of the 90-day temporary membership a second vote will take place at the general meeting at that time I will be notified if I am granted a permanent membership. At that time, I will pay a \$10.00 membership fee. The \$10.00 membership fee is due each year for the following year by December 31st.

Signature of applicant:	Date:
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