



Fair Oaks Volunteer Fire Department Application for Membership

NAME (FIRST, MIDDLE, LAST)	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	
CELL PHONE NUMBER	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
PLACE OF BIRTH	
DO YOU HAVE A DRIVERS LICENSE ?	<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, PLEASE ATTACH A COPY)
OCCUPATION	
EMPLOYER	
DO YOU HAVE FIREFIGHTER TRAINING ?	<input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, PLEASE ATTACH COPIES OF CERTIFICATES)
REFERENCE - NAME & CONTACT INFORMATION	
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I, the undersigned, herewith submit my request of membership to the officers and members of the Fair Oaks Volunteer Protective Association. I have included the \$5.00(Five Dollars) application fee. If my membership is approved, I agree to abide by all rules and regulations of your organization.



FAIR OAKS VOLUNTEER FIRE DEPT
190 AMBRIDGE AVENUE
FAIR OAKS, PA 15003
WWW.FOVFD.ORG

Signature

Date