

APPLICATION FOR MEMBERSHIP
VOLUNTEER AND EXEMPT FIREMEN'S BENEVOLENT
ASSOCIATION OF FREEPORT, NEW YORK

_____, 20

I, _____, Date of Birth _____
residing at _____

hereby make application for membership in the above association and if elected, I hereby agree
to abide by the charter and by-laws of the association.

1. Length of time at above address: years _____ months _____
from _____ to _____

2. (a) Home Telephone Number: _____

(b) E-Mail Address: _____

3. Unmarried _____
Married _____ Date _____
Separated _____ Date _____
Divorced _____ Date _____

4. Spouse: Name _____ Address _____
Children: Name(s) _____ Address _____
_____ Address _____
_____ Address _____

5. Employer Name: _____

Employer Address: _____

6. Social Security Number: _____

7. Work Telephone Number: _____

8. I am currently a member of:

Fire Company _____
From _____ To _____ Active _____ Exempt _____
Mo. Day Year Mo. Day Year

Fire Department (Approved by Fire Council) _____
From _____ To _____ Active _____ Exempt _____
Mo. Day Year Mo. Day Year

9. Have you ever been a member of the Freeport Fire Department (Fire District) prior to the times
listed in item 8? Yes _____ No _____ If yes,

From _____ To _____ Active _____ Exempt _____
Mo. Day Year Mo. Day Year

Items 10-12, attach additional sheets if necessary

10. Have you ever been a member of any fire company or fire department other than as listed in item 8?

Fire Company Yes ___ No ___ If yes,
Name _____ Address _____
From _____ To _____
(date) (date)

Fire Department Yes ___ No ___ If yes,
Name _____ Address _____
From _____ To _____
(date) (date)

11. Have you ever been a member of any other benevolent association? Yes ___ No ___

If yes, Name of Benevolent Assoc. _____
Address of Benev. Assoc. _____
From _____ To _____
(date) (date)

12. Have you ever been expelled or removed for cause from any of the following:

Fire Company Yes _____ No _____

If yes, Name of Fire Company _____
Date _____
Comments _____

Fire Department Yes _____ No _____

If yes, Name of Fire Department _____
Date _____
Comments _____

Benevolent Association Yes ___ No ___

If yes, Name of Benevolent Association _____
Date _____
Comments _____

13. Have you ever been convicted of a crime? Yes ___ No ___

If yes, Felony _____ Misdemeanor _____
Explanation (details, including Court and date of disposition, etc.) _____

Signature

Date

Sworn to before me, under penalty of
perjury, this ___ day of _____, 20___

Notary Public

Investigation Committee: Approved: Yes ___ No ___
Financial Secretary: Application Recorded: Yes ___ No ___
Initiation Fee Received: Yes ___ No ___
Dues Received: Yes ___ No ___