



MEMBERSHIP APPLICATION
BENDERSVILLE COMMUNITY FIRE COMPANY, INC.

P.O. Box 254
 144 Park Street
 Bendersville, PA 17306-0254
 Firehouse (717) 677-8000
 Community Hall (717) 677-8324
 Fax (717) 677-0599
www.bendersvillefireco.com

APPLICANT INFORMATION

Name:		
Date of birth:	SSN (for background check):	
Address:		
City:	State:	Zip code:
Primary phone:	Email:	
Driver license #:	Class of license:	
Family physician:	Phone number:	
Emergency contact:	Beneficiary:	
Relationship:	Relationship:	
Phone number:	Phone number:	
Member of other fire departments:		
Previous training/experience in fire/medical services:		

INTERESTED IN

Fire service Emergency Medical Services Fundraising Other:

EMPLOYMENT INFORMATION

Current employer:	
Occupation:	How long employed there:

REFERENCES

Recommending members of Bendersville Community Fire Company	
Name:	Name:
Phone number:	Phone number:
References outside of the Fire Company and non-relatives	
Name:	Name:
Phone number:	Phone number:

All fields must be completed on this form and the background form

The \$25 application fee must be included - cash or check payable to Bendersville Community Fire Company

I declare to the best of my knowledge the above information is true and correct, and that any false information could result in the rejection of this application. I also understand that if accepted, I must follow all the Fire Company's rules and serve a twelve-month probation period. I also give the investigating committee permission to contact the references above and to conduct a background check.

Signature: _____ Date: _____

<u>OFFICIAL USE ONLY</u>	Application fee of \$25 received date: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #: _____
	Date: _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected