



TELEPHONE  
EMERGENCY: 297-2122  
MEETING ROOMS: 297-3897

Date: \_\_\_\_\_

## NEW HACKENSACK FIRE COMPANY

Application For Membership  
217 Myers Corners Road, Wappingers Falls, N.Y. 12590

Active Member: \_\_\_\_\_ Jr. Member: \_\_\_\_\_ Social: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Blood Type: \_\_\_\_\_ Car License Plate #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Manager's Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Relative's Address: \_\_\_\_\_

Relative's Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***Make Each Week "Fire Prevention Week"***

Have you ever been a member of any other Fire Department? \_\_\_\_\_

If yes: Name of Dept: \_\_\_\_\_

Address of Dept.: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Any office held: \_\_\_\_\_

Have you ever been removed from, or refused membership in any Fire Company, Fraternal Organization, or Service Club? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What community activities have you participated in? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check the boxes below that show the time you would be available to respond to emergency calls:

Time of Day	SUN	MON	TUE	WED	THU	FRI	SAT
<b>7:00 AM - 5:00 PM</b>							
<b>5:00 PM - MIDNIGHT</b>							
<b>MIDNIGHT - 7:00 AM</b>							

Have you any objections to the membership committee making inquiries regarding your character and qualifications? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR MEMBERSHIP CHAIRPERSON**

Received: \_\_\_\_\_

1st Reading: \_\_\_\_\_

Interviewed: \_\_\_\_\_

2nd Reading: \_\_\_\_\_

Paid: \_\_\_\_\_

Voted: \_\_\_\_\_