



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
7:00 AM - 5:00 PM							
5:00 PM - MIDNIGHT							
MIDNIGHT - 7:00 AM							

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: _____