

*Come By Chance Volunteer Fire Department*

*P.O. Box 89*

*Come By Chance, NF*

*A0B 1N0*

*Telephone: 709-542-3240*

*Facsimile: 709-542-3121*

MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_

DRIVING EXPERIENCE \_\_\_\_\_ YEARS LICENSE NO. \_\_\_\_\_

CLASS OF LICENSE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ DATE OF LAST MEDICAL \_\_\_\_\_

PHYSICAL DEFECTS, IF ANY \_\_\_\_\_

PREVIOUS EXPERIENCE IN FIRE FIGHTING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FIRST AID COURSE: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHAT TYPE \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_