Application for Membership in the
Thurston Fire Company Inc.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Age: _____ Occupation: _____

Resident of the town of: _____

Driver's License Number: _____

Do you possess any NYS Certified Firefighter/ EMS Training courses? Yes: _____ No: _____

If yes, please bring in copy of certificates. If no, that's okay it is not necessary to have prior training.

Reason you are interested in joining the Thurston Fire Company:

_____

_____

_____

To the members of the Thurston Fire Company: I hereby apply for membership in the Thurston Fire Company as an active member. As a member, I agree to abide by the by-laws of the company.

Signed: _____

Active Member proposing application: _____

Signed: _____ Date: _____

Secretary's Endorsement

This application was received and read at a regular monthly meeting of the Thurston Fire Company held on the _____ day of _____, 20 _____

Secretary: _____

The proposing member was: accepted _____ not accepted _____ for membership at the regular monthly meeting of the Thurston Fire Company held on:

_____ Day of _____, 20 _____

President: _____

Secretary: _____