

APPLICATION FOR MEMBERSHIP
CURWENSVILLE RESCUE HOSE & LADDER COMPANY
CURWENSVILLE, PA 16833

ACTIVE MEMBER: It shall be the duty of each active member to, at every alarm, report to the fire hall, and they must return to the fire hall for attendance credit and to ready equipment for any alarm that may follow. It shall be the duty of each new active member to present themselves as soon as possible following their election as a member, and acquaint themselves with the use of the firefighting equipment necessary to the efficiency of the Company and to attend meetings when at all possible. **Before any person shall be entitled to the privilege of active membership they must complete a local level class certified by a recognized organization (ex. Bucks, Butler, HACCC), or any organized training sponsored by the department at its earliest offering directly after being accepted into the department as an active member. You must also provide proof of PA Child Abuse History Clearance (CY113) and PA Criminal Records Check (SP4-164).** *Any active member not meeting the above required training requirements will be notified in writing that their membership status has been changed to social.*

SOCIAL MEMBER: Must be 21 years of age or older. They will have no vote at any meeting. Social Club privileges only.

The Company reserves the right to accept or reject any application.

Any falsification of information on this application will result in immediate rejection of the application and the individual cannot reapply or enter RH&L property for one year.

GENTLEMEN:

I have read the above and hereby submit for your consideration, my application for membership in your organization as:

___ Junior Active (age 14 to 17 - \$6.00) ___ Minor Active (age 18 to 20 - \$7.00)
___ Active (21 and up - \$12.00) ___ Active (EMS - \$12.00)
___ Social (21 and up - \$20.00) ___ Extended Active (\$10.00)

NAME _____
Please type or print

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS if different _____
Please notify Financial Secretary of changes of address

CITY _____ STATE _____ ZIP _____

PHONE _____ AGE _____ BIRTH DATE _____ EMAIL _____

SS# (*ACTIVE ONLY*) _____ NAME OF BENEFICIARY (*ACTIVE ONLY*) _____

WHAT OTHER CLUBS DO YOU BELONG TO? _____

If accepted, I agree to abide by the By-Laws of the Company and rules of the Fire Chief.

SIGNATURE SPONSOR (PLEASE PRINT) SPONSOR (PLEASE SIGN)

(BARTENDER PLEASE FILL OUT RECEIPT NUMBER AND DATE)

Application fee and current year's dues received - **Receipt #** _____

Receipt Date				Access DB	
Application read on				Membership Card	
Application voted on		Accepted	Rejected	File	