

MEMBER FIREMAN'S ASSOCIATION OF PENNSYLVANIA

Liberty Hose Company No. 2

Lykens, Pennsylvania 17048

ACTIVE MEMBERSHIP APPLICATION

LHC Secretary fills out this part:

LHC USE ONLY	
Accepted	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date:	_____
Member ID Number:	_____
Fees: Application:	_____
Dues:	_____
Key:	_____
Total:	_____

Sponsoring Member fills out this part:

Date: _____
To the Officers and members of Liberty Hose Company No. 2:
I would nominate _____
for Active membership. Name of Applicant

Signature of Sponsoring Member ID#

Applicant fills out this part:

First Name: _____ MI: _____ Last Name: _____
Social Security #: _____ Date of Birth: _____
Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: (No PO Box) _____
Telephone #: _____ E-Mail Address: _____
Beneficiary: _____ Relation: _____
Occupation: _____ Employer: _____
Do you have any physical or mental conditions that would prevent you from performing Active Firefighter duties? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you belonged to any other fire company or had any related training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list companies and/or training on back of this form.
Have you ever been convicted of a crime or spent any time in prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and you wish to explain, use the back of this form.
<i>Provide three character references. Include name, address, and telephone number. Two references must not be relatives.</i>
Reference 1: _____
Reference 2: _____
Reference 3: _____
By signing this application, I attest that the information I provided on this form is accurate, I am a citizen of good moral character, and I meet the requirements for membership applicants. My signature on this application also authorizes Liberty Hose Company No. 2, of Lykens, Pennsylvania, to perform or cause to be performed any type of background check for the purpose of determining my criminal and moral history, the accuracy of the information provided, or any type of other information deemed necessary to render a decision on my application.
Sign: _____ Date: _____
Signature of Applicant

Investigating Committee fills out this part:

COMMITTEE'S REPORT	
Your Committee would report that they have inquired into the character and competency of the above candidate and would report _____ on the application.	
<small>Favorable or Unfavorable</small>	
Signed: _____	_____
_____	_____
_____	_____
Date: _____	_____