

LYME VOLUNTEER FIRE COMPANY

MEMBERSHIP APPLICATION

NAME _____ AGE _____ DATE OF BIRTH _____

HOME ADDRESS _____ HOME PHONE _____

MAILING ADDRESS _____

OCCUPATION _____ SOC. SEC.# _____

IN CASE OF EMERGENCY CALL _____

PHONE _____ RELATIONSHIP _____

HAVE YOU EVER BEEN A MEMBER OF ANY OTHER DEPT. OR ANY EMERGENCY SERVICE? YES _____ NO _____

IF YES, WHERE _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES _____ NO _____ CLASS _____

OPERATOR'S LICENSE # _____

MARRIED _____ SINGLE _____

DEPENDENTS (LIST) _____

HAVE YOU SERVED IN ANY BRANCH OF THE ARMED FORCES? YES _____ NO _____

IF YES, MILITARY STATUS: ACTIVE _____ NON-ACTIVE _____

DO YOU HAVE ANY SPECIAL SKILL(S)? NO _____ YES _____, SPECIFY _____

CLASS OF MEMBERSHIP YOU WISH TO APPLY FOR:

A. FIREFIGHTER _____ B. CONTRIBUTING MEMBER _____

A. FIREFIGHTER:

1. NEW APPLICANTS FOR FIREFIGHTER STATUS WILL BE EXPECTED TO COMPLETE FIREFIGHTER TRAINING WITHIN TWO YEARS OR BE APPROVED FOR ACTIVE DUTY BY THE LINE OFFICERS ON THE BASIS OF OTHER TRAINING OR EXPERIENCE
2. APPLICATIONS FOR FIREFIGHTER STATUS WILL BE EXPECTED TO MEET THE COMPANY'S PHYSICAL QUALIFICATIONS.

3. FIREFIGHTERS MEETING REQUIREMENTS 1 AND 2 ABOVE MAY BE CERTIFIED FOR:
 - a. FULL DUTY
 - b. RESTRICTED (WHICH EXCLUDES INTERIOR FIREFIGHTING, USE OF BREATHING APPARATUS, AND LADDER WORK)
 - c. DRIVING TRUCKS, ACCORDING TO QUALIFICATIONS ESTABLISHED BY THE TRAINING OFFICER

B. CONTRIBUTING MEMBERS:

1.
 - a. APPLICATIONS FOR FIREFIGHTER STATUS WHO ARE NOT YET QUALIFIED PHYSICALLY OR BY TRAINING
 - b. CURRENT FIREFIGHTERS WHO BECOME DEFICIENT IN POINTS, OR LACK EITHER QUALIFICATIONS OF PARAGRAPH 1 OR 2, ABOVE
 - c. APPLICANTS WHO WISH TO SERVE THE COMPANY IN NON-FIREFIGHTING WAYS
2. MAY PERFORM SUCH DUTIES AS ASSIGNED BY AN OFFICER

\$2.00 INITIATION FEE MUST ACCOMPANY THE APPLICATION, ALONG WITH \$5.00 ANNUAL DUES

IF ELECTED TO MEMBERSHIP IN THE LYME VOLUNTEER FIRE COMPANY, INC, I AGREE TO ABIDE BY THE BYLAWS AND REGULATIONS THEREOF

APPLICANT'S SIGNATURE _____ DATE _____

ACTIVE SPONSOR SIGNATURE _____ DATE _____

ACTIVE CO-SPONSOR SIGNATURE _____ DATE _____

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RECOMMENDATION OF THE MEMBERSHIP COMMITTEE

APPROVED _____ DISAPPROVED _____

1. _____ 2. _____ 3. _____

REMARKS _____

ACTION OF COMPANY: APPROVED _____ DISAPPROVED _____

RECEIVED COPY OF BYLAWS, SIGNED _____