

BALLINGER FIRE DEPARTMENT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		SSN:	DL#:
Address:			
Date of birth:	City Born:	State:	Home Phone: ()
Work Phone: ()	Cell Phone: ()	Email:	

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

VITAL STATICS

Height:	Weight:	Eye Color:
Hair Color:	Blood Type:	
Any Other Medical Information:		

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION (IF ANY)

Name:		
Date of birth:	SSN:	Phone:

CHILDREN (IF ANY)

Name	Name
Name	Name

SIGNATURES

I authorize the verification of the information provided to be true to the best of my knowledge. I have received and read a copy of the Constitution and By-Laws of the Ballinger Fire Department. You will also need two Member's signatures that are in good standing with the department,

Signature of applicant:	Date:
Member Signature:	Member Signature:

Date Received: ____/____/____

1st Reading: ____/____/____

2nd Reading: ____/____/____

Membership to the Department: () Carried () Failed Date Entered: ____/____/____