

SOCIAL MEMBER APPLICATION

LITTLE SILVER VOLUNTEER FIRE CO. # 1 MEMBERSHIP APPLICATION

Form 100 Rev. 3/03

Date _____

_____ N/A Relief Assn. Little Silver Municipality

Little Silver Fire Department Little Silver Fire Company

Name _____
First Initial Last

Address _____
Street

_____ Town Zip Code For _____ Years

Birth date _____ Birthplace _____ SS# _____

Regular Occupation _____

Have you ever applied to be a member of the New Jersey State Firemen's Assoc.? Yes No

If so, when _____ Where _____

Home Phone No. _____ Signature of Applicant

STATE OF NEW JERSEY COUNTY OF _____ SS: _____

_____ being duly sworn, doth depose and says that the above statements are true to the best of their knowledge and belief. Sworn to before me this _____ day of _____ 20____

_____ SIGNATURE OF NOTARY PUBLIC

MUNICIPAL APPROVAL

We hereby certify that this applicant was admitted to active membership in the department and has been approved by the governing body of _____ on the _____ day of _____ 20____

_____ SIGNATURE OF SECRETARY - RELIEF ASSOCIATION

_____ SIGNATURE OF MUNICIPAL CLERK/ BOARD OF FIRE COMMISSIONERS
_____ SIGNATURE OF CHIEF - FIRE DEPARTMENT

IMPORTANT: APPLICATION MUST BE FILLED OUT AND CHANNELED ACCORDINGLY

- A. APPLICATION SHOULD BE FILLED OUT BY APPLICANT WITH TYPEWRITER OR PRINTED. (DO NOT WRITE)
- B. Application must be filled out by applicant and notarized. They must then present themselves before a doctor for physical examination.
- C. Application must be returned by applicant to Local Relief Secretary whose address is listed on back of this form.
- D. Local Relief Secretary will sign and secure chief's signature if application is in order, and forward to municipality for confirmation.

ALL APPLICANTS MUST BE FINGERPRINTED. CALL LSPD FOR APPOINTMENT