

SOCIAL MEMBER APPLICATION

LITTLE SILVER VOLUNTEER FIRE CO. # 1 MEMBERSHIP APPLICATION

Form 100 Rev. 3/03

Date _____

Relief Assn. N/A Little Silver Municipality

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: _____

Applicants Name _____ 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

Expiration Date

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