

Centredale Fire Department, Incorporated Membership Application

Date _____

Dear Mr. President:

I hereby propose for membership, the name of:

Street Address: _____

Town: _____ State: _____ Zip: _____

Occupation: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Tel. Numbers: (H) _____ (B) _____

D.O.B.: _____

Proposed by: _____

I, the undersigned, do hereby agree to release the Centredale Fire Department, Incorporated, from all liability resulting from any accident, injuries, or sickness incurred as a result of my performance of duty as a member of said association, now or at any future time, except as provided for in the by-laws of said department and affiliated organizations.

Signed and acknowledged, this _____ day of _____
A.D. _____, in the presence of witnesses.

Witness

Applicant

Witness

Parent or Guardian

(If applicant is under 18 years of age, a parent or guardian must also sign.)