

WEST FRIENDSHIP VOLUNTEER FIREMEN'S ASSOCIATION, INC.
West Friendship, Maryland 21794
Phone: 410-313-5403

CADET MEMBERSHIP APPLICATION

FULL NAME: _____

PRESENT ADDRESS: _____

TELEPHONE NUMBER: _____ - _____ - _____ AGE: _____

DATE OF BIRTH: ____ / ____ / ____ MALE: _____ FEMALE: _____

HEIGHT: _____ WEIGHT: _____ GRADE: _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

MAY WE CONTACT YOUR SCHOOL? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF THE LAW? _____ IF SO,

EXPLAIN: _____

YOUR PHYSICAL CONDITION: _____

WHAT OTHER CLUBS OR ORGANIZATIONS DO YOU HOLD MEMBERSHIP IN?

GIVE THREE CHARACTER REFERENCES, NOT RELATED TO YOU:

NAME: _____

ADDRESS: _____

IF APPROVED FOR MEMBERSHIP, I WILL SUPPORT THE CONSTITUTION AND "BY-LAWS" AND OBEY ALL RULES AND REGULATIONS OF THE WEST FRIENDSHIP VOLUNTEER FIREMEN'S ASSOCIATION, INC.

SIGNATURE OF APPLICANT

I DO HEREBY GRANT PERMISSION TO _____ TO BECOME A CADET FIREFIGHTER OF THE WEST FRIENDSHIP VOLUNTEER FIREMEN'S ASSOCIATION, INC.

SIGNATURE OF PARENT OR GUARDIAN

INTERNAL USE ONLY

APPLICATION APPROVED: YES _____ NO _____ DATE: _____

SIGNATURE OF LEADER