

RIVIERA BEACH VOLUNTEER FIRE COMPANY

Application for Membership (18 and over)

DATE: _____, 20____

Riding Member ____ Administrative ____

NAME

First		Middle		Last	
Maiden/Previous Names					

ADDRESS

Street					
City		State		Zip	
County					

CONTACT INFORMATION

Cell		Home		Work	
E-mail					

EMERGENCY CONTACT INFORMATION

First		Middle		Last	
Cell		Home		Work	
E-mail					

PERSONAL INFORMATION

Age		D.O.B.			
Place of Birth		SSN			
License #: _____ State: _____ Exp Date: _____ Class: _____					

CERTIFICATIONS (Examples: CPR, EMT, Firefighter1, Fire Officer 1, etc.)

TRAINING (Examples: CPR, EMT, Firefighter 1, Fire officer 1, etc.)

SPECIAL SKILLS

EXISTING BADGE NUMBER (if applicable)

Number		Issued By:		Exp Date	
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ALLERGIES & BLOOD TYPE

MEMBERSHIP FEE \$30.00 (Payable by cash at membership meeting)

Date Paid		Amount	
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I certify that I am 18 and over and all information is accurate and true to the best of my knowledge.

Signature: _____

Date: _____, 20____