

# **WIND GAP FIRE COMPANY**

111 North Broadway  
Wind Gap, PA 18091  
Business Office: (610)863-9786  
Engine Room: (610)863-7217  
Fax: (610)863-7955  
www.windgapfirecompany.com

## **MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

Please check which membership type you wish to hold: **Active** \_\_\_\_\_ **Social** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Place of Employment / Job Description: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you had any driving accident / violation in the last 3 years? (Please check)

Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

List 3 references who are not relatives and or members of this fire company:

Name	Phone #:	Years acquainted
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1.

2.

3.

Please list any applicable fire training and or certifications you currently hold:

**Wind Gap Fire Company reserves the rights to do criminal background checks on all members.**