

Best-Luther Fire Department

303 Old Best Road

West Sand Lake, NY 12196

518-283-5641

www.bestlutherfd.com

APPLICATION FOR MEMBERSHIP

Membership Type: Active: _____ Associate: _____

Name: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Home Address:

Street: _____ City: _____ Zip: _____

Mailing Address (if different):

Street: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Height: _____

Social Security #: _____ Driver's License #: _____

In Case of Emergency – Notify:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Do you have any disabilities or medical conditions that would limit your ability to fight fires?

Yes: _____ No: _____ If Yes. please explain: _____

If accepted as a member of the Best Luther Fire Department, the undersigned agrees to obey all rules and lawful summons of the organization.
I understand that the Department is required by law to perform an Arson Background Check on all applicants, and consent to such a check.

Applicant's Signature: _____

Application Received: _____ Initiation Fee: _____

Proposed by: _____

Membership Committee: Approved _____ Disapproved: _____ Date: _____

Read at meeting: _____

Membership Action: Approved: _____ Disapproved: _____ Date: _____

Notification by the Secretary Date: _____