

# ERIE FIRE ASSOCIATION NO.4, INC.

Organized in 1854

P.O. Box 133, North Street, Georgetown, MA 01833

Erie Fire Association No. 4, Inc. has been in existence for over one hundred and fifty years, during which time our sole purpose for being is to protect the life and property within our community.

By completing this application you are applying for membership in the oldest privately owned, privately funded and managed volunteer fire company still fighting fires in our country.

Because taxes are not levied for the support of our Association, we must raise money in many ways. Our motto "Warm Hearts and Willing Hands" is not taken lightly. You will at times find the work hard and laborious, but the rewards are greater still. The sense of knowing that you are a contributor to every person in your community and you do this for that purpose only.

As a matter of Erie Fire Association No. 4, Inc. you will be proud to wear the uniform of Erie 4 as an outward sign of your inner commitment.

## Membership Application (check one)

**Fire Fighting ( )      Association ( )**

Name: \_\_\_\_\_

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

How long at this address? \_\_\_\_\_

Town/City: \_\_\_\_\_

Age: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Do you want your e-mail address listed in our newsletter? Yes ( )      No ( )

Drivers License Number: \_\_\_\_\_

License Class: \_\_\_\_\_

Has your license been suspended or revoked in the past ten (10) years? Yes ( )      No ( )

If yes, please explain using the back side of this application.

Employed by: \_\_\_\_\_

How long: \_\_\_\_\_

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

Work hours: \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

What is your job description? \_\_\_\_\_

Do you have any fire fighting experience? Yes ( )

No ( )

If yes, where? \_\_\_\_\_

How long? \_\_\_\_\_

Do you belong to a Municipal Department? Yes ( )

No ( )

If yes, what department? \_\_\_\_\_

How long? \_\_\_\_\_

**Character References:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Firefighting Applicants Only:**

Do you have any physical or mental conditions, that you are aware of, that might affect your firefighting ability?

Yes ( ) No ( )

Are you willing to give up your time and take the training necessary to become a call firefighter?

Yes ( ) No ( )

**All Applicants:**

I understand that if accepted as a member of this Association, I am bound by the By-Laws and Constitution of the Association. As a newly accepted member I understand I will be on a six (6) month probationary period. At the end of said period, my actions and performance will be reviewed and if found to be in the best interest of the Association, I will be granted full membership status.

Signed: \_\_\_\_\_

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

<b>Association Use Only:</b>	
<b>Standing Committee Applicant Review:</b>	
<b>By:</b> _____	<b>Date:</b> _____
<b>By:</b> _____	<b>Date:</b> _____
<b>By:</b> _____	<b>Date:</b> _____
<b>Comments:</b>	
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