

POINT LEAMINGTON FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Date of Birth: _____ Age _____ Driver's License # _____

Telephone: Home _____ Business _____

Fire Service Related Experience _____

I realize that if I am accepted as a member of the Point Leamington Fire Department, I will be required to:

1. Attend practices and drills as set forward by the officers from time to time.
2. Respond to all emergency calls.
3. Abide by the by-laws of the Town of Point Leamington

APPLICANT MUST NOT BE IN ARREARS OF TAXES TO THE TOWN.

I will endeavor to abide by the foregoing to the best of my ability.

Applicant's signature _____ Date _____

On behalf of the Point Leamington Fire Department I hereby recommend the above named applicant for membership:

Signature of Fire Chief _____ Date _____

Effective date of appointment by council _____

Medical required before acceptance into the department.