



LINDENHURST FIRE DEPARTMENT



Membership Application

I hereby make application for membership in the _____ company of the Lindenhurst Fire Department. I Promise to fulfill all of the requirements of the Constitution and By-Laws of the Company and the Lindenhurst Fire Department. Any false statements will be cause for rejection of this application.

Name: _____ Signature: _____

Address: _____

Home Phone #: _____ Social Security #: _____ Date of Birth: _____

US Citizen? Yes No Driver's License #: _____

Have you ever been convicted of a Felony: Yes No If Yes Explain: _____

Parent or Guardian consent if under 21 years of age, Signature: _____

Length of time in Fire District: _____ Years Yes No

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Fire Council o _____) _____

u _____ 7 Village Administrator
Approved by the Village Board of the Incorporated Village of Lindenhurst.
Village Administrator _____) _____