

MUNICIPALITY OF  
 NORRISTOWN  
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 Norristown, PA 19401  
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# NORRISTOWN FIRE DEPARTMENT MONTGOMERY HOSE FIRE COMPANY MEMBERSHIP APPLICATION



A candidate for ACTIVE or CONTRIBUTING membership shall submit this petition and have same countersigned by two (2) ACTIVE members.

ACTIVE MEMBER: 18 years or older      JUNIOR MEMBER: 16 or 17 years old      MEMBERSHIP FEE and YEARLY DUES \$5.00

1. Type of membership:     ACTIVE     CONTRIBUTING     JUNIOR

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

5. Place of Employment: \_\_\_\_\_

6. Have you ever been turned down by any other fire company?     Yes     No

If yes, name of company and reason: \_\_\_\_\_  
 \_\_\_\_\_

7. Are you an ACTIVE member of any other fire company?     Yes     No

If yes, list company(s): \_\_\_\_\_

8. Do you have any physical limitations?     Yes     No

If yes, please explain: \_\_\_\_\_

9. Have you ever been convicted of a criminal offense?     Yes     No

If yes, please explain: \_\_\_\_\_

10. In case of an emergency, please notify: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

11. Are you interested in firefighting?     Yes     No

If yes, do you have any formal training?     Yes     No

If yes, please list training: \_\_\_\_\_

12. Please list three (3) non-related references who you have known for at least one (1) year:

NAME	OCCUPATION	PHONE NUMBER

\_\_\_\_\_  
Signature of PARENT or GUARDIAN  
REQUIRED FOR JUNIOR MEMBERSHIP

\_\_\_\_\_  
DATE

I understand that any misrepresentation or omissions of facts are cause for dismissal whenever discovered.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
DATE

Countersigned by two (2) ACTIVE members: \_\_\_\_\_  
\_\_\_\_\_

It will be the responsibility of the members who countersign to see that he/she meets with the Investigation Committee.

**INVESTIGATING COMMITTEE USE ONLY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_  Approved  Denied  
\_\_\_\_\_ DATE: \_\_\_\_\_  Approved  Denied

Money received by: \_\_\_\_\_