GOSHEN VOLUNTEER FIRE COMPANY, INC. GOSHEN, CT 06756

APPLICATION FOR MEMBERSHIP

This form is to be completed by the reviewed by the Membership Comm		licant. It shall be filed with the se	ecretary after being
, an active/associate membership:	ve member of the	Goshen Fire Company in good s	tanding, proposes for
active/associate membership:		1 7 0	0,1 1
Name:	D.O.B.		
Address:			
	Emergency Name:		
Occupation:	Bus. Telephone:		
Business Address:			
Formal Education:			
Fire Service Experience:			
Medical Service Experience:			
Driver License Type: Class I			
Motor Vehicle Violations in past 3 y	ears?	if yes, explain	
Ever been convicted on a felony cha		_ if yes, explain	
Physical Limitations:			
A physical examination attesting to acceptance and must be placed on fi	your ability to par	ticipate is required within sixty (
Describe Briefly why you wish to jo	oin the Goshen Vo	lunteer Fire Company:	
Have you read the GVFC By-Laws company? Do you under probation for the following twelve (by the line officers and you may be the company line officers will review fire company whether or not to acce	rstand that once ye 12) months? subject to an inter w your performan	ou have been elected to members During this period your perior im review after six (6) months. (ces during your probationary per	ship you will be on formance will be reviewed On your anniversary date
You must meet State training require	ements for fire and	d ambulance service.	
All equipment issued to you must be	e returned at the re	equest of an officer.	
I do hereby signify that I have read a consent.	and completed thi	s application and that it is made	with my knowledge and
Applicant's Signature:		Date:	
Proposer's Signature:			