

## VOLUNTEER FIRE MEMBERSHIP FORM

**INSTRUCTIONS** - Check one box below. Once completed, please return a copy of this form to FPPA at the address listed above.

- NEW MEMBER - Complete the *entire* form including your signature below.
- CHANGES ONLY - Complete Part A & D and any other information that you wish to change.
- TERMINATION DATE - Complete Parts A, B & D only.

### Part A - General Information

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Male  
Social Security #      Last Name      First Name      Middle Initial       Female

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address      Date of Birth (mo/day/yr)

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
City      State      Zip

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone Number      Work Phone Number

Single      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Married      Spouse's Name      Spouse's Date of Birth (mo/day/yr)

### Part B - Current Volunteer Department

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of your current Volunteer department - city, town or district      Start Date (mo/day/yr)

To be filled in by FPPA.
FPPA City Code _____ - 5

### Part C - Volunteer Fire History

\_\_\_\_\_ from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of a former Volunteer department - city, town or district      (mo/day/yr)      (mo/day/yr)

### Part D - Member Signature

**X** \_\_\_\_\_  
Your Signature

**X** \_\_\_\_\_  
Witness to your signature  
(someone other than your spouse)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date (mo/day/yr)

Space for FPPA office use.