

Application For Membership
North Sea Junior Fire Department
Headquarters
149 Noyac Road
Southampton, NY 11968

DATE: _____

I, _____ DO HEREBY MAKE APPLICATION FOR
MEMBERSHIP IN THE NORTH SEA FIRE DEPARTMENT JUNIOR.

ADDRESS: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____ TELEPHONE: _____

SOCIAL SECURITY: _____ BLOOD TYPE: _____

PERSON TO CONTACT IN CASE OF ACCIDENT: _____

ADDRESS: _____ TELEPHONE: _____

HAVE YOU BEEN A RESIDENT OF THE NORTH SEA FIRE DISTRICT CONTINUOUSLY FOR ONE YEAR
IMMEDIATELY PRIOR TO APPLICATION? _____

HAVE YOU EVEN APPLIED BEFORE? _____ WHEN? _____

PROPOSED BY: _____

**AS OF THE DATE OF THIS APPLICATION, TO MY KNOWLEDGE, I HAVE NO PHYSICAL DEFECTS WHICH
WOULD HINDER ME DURING THE PERFORMANCE OF MY DUTIES AS A JUNIOR FIREFIGHTER.**

**IF ACCEPTED, I AGREE TO ABIDE BY ALL OF THE RULES AND BYLAWS OF THE JUNIOR FIRE
DEPARTMENT.**

SIGNATURE OF APPLICANT

MEDICAL REPORT

_____ IS APPLYING FOR MEMBERSHIP IN THE NORTH SEA JUNIOR FIRE DEPARTMENT.

DO YOU FEEL THAT THE APPLICANT WILL BE ABLE TO PERFORM ALL DUTIES OF AN ACTIVE JUNIOR?

YES _____

NO _____

DATE OF EXAMINATION

SIGNATURE OF PHYSICIAN

PLEASE GIVE THIS FORM TO THE APPLICANT OR RETURN TO:

NORTH SEA FIRE DEPARTMENT

PO BOX 1312

SOUTHAMPTON, NY 11969

C/O BRIAN ROBINSON