

Beach Haven First Aid Squad

APPLICATION FOR MEMBERSHIP

Date _____ 20 _____

Name _____

Local Address _____

Permanent Address _____

Phone # _____ Cell # _____ E-Mail _____

Type of Membership: Regular _____ Summer _____ Associate _____

Permanent Address _____

If Associate, Name of Squad _____

Date of Birth _____

Occupation _____

What Certifications Do You Now Hold _____

Please supply copy of your certifications and drivers license.

Have you been indicted or convicted of any criminal offense? _____ If so,
when and where _____

Do you have any health or disabilities that may be affected by running EMS _____

Proposed by _____

Signature of Application _____

Parents Consent (Applicants under 18) _____