



A 501(C)(3) Organization

Application for Beneficial Membership

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ (home) _____ (cell)

E-mail: _____

Date of Birth _____

SSN XXX-XX-_____ Drivers Lic. # _____

Have you ever had your driver's license suspended or revoked? _____

If yes, Please explain on reverse.

Signature: _____ Date: _____

By signing this form, I certify that all information is true and correct to the best of my knowledge, I also certify that I am an American Citizen, and am not a beneficial member of another fire company in the Borough of Tamaqua, and if accepted, will adhere to the by-laws, constitution, rules, policies, and procedures of the American Hose Co. No. 1, and the Tamaqua Fire Dept.

Recommended by: _____

Investigating Committee Report:

We, the undersigned committee, having made a personal investigation of the above name applicant, find said applicant to be _____ Favorable _____ Unfavorable.

Date Accepted: _____ Sworn In _____

Application Fee of \$5.00 enclosed _____ Dues: 10.00 /yr. paid by Jan. 1 (initial dues prorated Sept. 1)