

Niverville Fire Department, Inc.
P.O. Box 422
Niverville, New York 12130

Application for Membership	
Date	_____ / _____ / _____ mm / dd / yyyy
Applicant Name and Date-of-Birth	_____ / _____ / _____ last first mid-initial mm dd yyyy
Current Address	_____ street apt. city state zip Years at this address _____ Phone: _____ Cell: _____ If less than 3 years, please enter previous address: _____ street apt. city state zip
Employer and Address	_____ _____ If less than 3 years, please enter previous employer and address: _____
Valid N.Y.S Driver License ??	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, enter I.D. Number and Class _____ license class
Application and Recommendation	
Candidate	I, _____, hereby apply for _____ membership <small>signature (probationary/active/social)</small> in the Niverville Fire Department, Inc.. If accepted, I agree to abide by the by-laws, rules and regulations of the department.
Sponsor	I, _____, hereby recommend _____ <small>signature of ACTIVE member</small> for membership in the Niverville Fire Department, Inc.. Date: _____
Secretary Endorsement	Membership Committee Report
This application was received and read at a regular meeting of the Niverville Fire Department, Inc. held on the _____ day of _____, 2_____ _____ Secretary signature	Your committee wishes to report that they have inquired into the character and competency of the above candidate and recommend _____. _____ _____ _____ _____ Committee signatures