Rescue Fire Company, Inc. 8 Washington Street/ P.O. Box 776 Cambridge, MD, 21613 410-228-1670/ 410-228-1023 Application for Membership

Instructions for Application: All of the following questions **Must** be answered. If any question or questions are left unanswered, the application shall not be accepted. After completing the application, submit it to the Company Secretary. If additional space is needed, please use the reverse or attach a separate sheet. All answers must be legible.

Your complete na	ame:					
	First	Mi	ddle	Last	(Jr., Sr., Etc.)	
Your complete m	ailing addre	ss:				
			Phone Number:			
Your Social Security Number:			D	Date of Birth:		
Your Driver's Li	cense Numb	er:		State:	Class:	
Applying for: Ho	onorary:	Pro- Active:	Associate: _	Junior:	Cadet:	
on your driving r	ecord (if nor	ffic conviction than the state none). Give	e Date, Offense	e, Court Name,	and Number of	
Previous Affiliati	ion:					
Previous Training	g:					

*Annual Honorary Members' Dues of \$20.00 must be submitted at investigations meeting.

*Notice Pro-Active and Associate: A certificate must be submitted with this application from your physician stating you are able to participate in activities associated with firefighting. As well as a current driving record, from the MVA.

*If any information contained in or on this application is found to be **false**, the applicant shall be **rejected** from membership and/or expelled from membership.