



Madisonville Independent Fire Co.

3131 Madisonville Rd. Madison Twp., Pa 18444

Membership Application

Name _____ Age: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone # (home) _____ (Work) _____

Type of membership Desired: Active _____

Social _____

Junior _____

List any certifications that you have at this time or have held in the fire service or other related fields.

(Certification)

(Date Expires)

(Certification)

(Date Expires)

Please give a brief statement as to why you wish to join the Madisonville Independent Fire Co.:

If applicant is under the age of 18, parent/guardian signature is required:

(Parent / Guardian Signature)

Signature of Applicant: _____

Date Applied _____ Date Accepted: _____

**** If applicant is under the age of 18 & is still attending school, working papers *MUST BE* provided. ****