



# 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. \*\*