



# EVESHAM FIRE-RESCUE EXPLORER POST 226



## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Or contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

### UNIFORM INFORMATION

Pants size: Waist \_\_\_\_\_ Outseam length \_\_\_\_\_ Mens/Womens

Short Sleeve Shirt: S M L XL \_\_\_\_\_ Long Sleeve Shirt: Neck \_\_\_\_\_ Sleeve Length \_\_\_\_\_

Tee Shirt \_\_\_\_\_ Shoes \_\_\_\_\_

Answers are to be printed legibly in ink. Each question must be completed, leaving no blanks. If a field does not apply, enter N/A in the space provided. Any false statements made on this form will cause the applicants name to be removed from the eligible list or cause for dismissal if an appointment is made.

