



Muse Volunteer Fire Department

P.O. Box 386 • 186 Muse-Bishop Road
Muse, Pennsylvania 15350

PHONE and FAX 724-745-3871

ACTIVE MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

PHONE NUMBER () _____ CELL () _____

DRIVERS LICENCE NUMBER _____

DATE OF BIRTH ____ - ____ - ____

OCCUPATION _____

EMPLOYER _____

BENEFICIARY _____

RELATIONSHIP _____

HAVE YOU EVER BEEN A MEMBER OF ANY OTHER DEPARTMENT _____

REASON FOR LEAVING _____

HAVE YOU BEEN A MEMBER OF ANY OTHER CECIL TWP DEPT IN THE LAST YEAR _____ TERMINATION DATE _____

PLEASE LIST THREE REFERENCES WITH THE EXCEPTION OF MEMBERS OF THIS DEPARTMENT AND FAMILY MEMBERS. MUST HAVE THE REFERENCES FULL NAME AND PHONE NUMBER

1. _____

2. _____

3. _____

I HEREBY AGREE TO ABIDE BY THE BYLAWS OF THE CECIL TOWNSHIP
VOLUNTEER FIRE DEPARTMENT #2 MUSE

SIGNATURE _____

DATE _____

PARENT OR GUARDIAN SIGNATURE IF UNDER 18 YEARS OF AGE

SIGNATURE _____

DATE _____

RECOMMENDED BY ACTIVE MEMBER _____

DUES ARE PAYABLE BY DECEMBER 31ST OF EACH YEAR.

INITIATION FEE MUST ACCOMPANY THIS APPLICATION

FIRST READING _____ SECOND READING _____

ACTION TAKEN AND OR COMMENTS: