

**SEA BRIGHT FIRST AID INC.
APPLICATION FOR MEMBERSHIP**

Please Print or Type

LAST NAME: _____ FIRST NAME _____

MIDDLE INITIAL _____ HOME PHONE # _____

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY #: ___ - ___ - _____

DRIVERS LICENSE STATE ___ DL NUMBER _____

HOME ADDRESS _____

EMERGENCY MEDICAL TRAINING

Name of Course _____ Date Completed _____

_____\

_____\

_____\

Prior Membership in ANY Emergency Service Organization? _____

If the answer is yes, please fill in below.

Organization Name _____ Date of Membership _____

_____\

_____\

Have you ever been suspended or removed from any emergency service organization?
No _____ Yes (please explain) _____

Have you ever been convicted of a crime or disorderly persons violation? _____

If yes please list Arresting Agency and Conviction Below.

Agency _____ Charge _____ Date of Conviction _____

_____\

_____\

Are you employed in Sea Bright? _____ Full Time? _____

SIGNATURE OF APPLICANT: _____ DATE _____

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For Squad Use Only

Date Application Received. ___/___/___ Received By _____

Investigated By _____\

Date Received Approval on Fingerprint Review _____

Date of Membership ___/___/___ Type of Membership _____

Signature of President

Recording Secretary