



LAKEVILLE HOSE COMPANY

4 Brook Street . PO Box 1969 . Lakeville, CT 06039

Application for Membership

I, _____ hereby apply for membership in the Lakeville hose Co.#1
My age is _____.

___ I am applying for regular membership. I hereby pledge myself to the company with the rules, bylaws, and guidelines of this company. I also understand I will have to complete Fire Fighter One within Two (2) years of joining this Company (By law article III, Section 12).

___ I am applying for assisting membership. I hereby pledge myself to the company with the rules, by laws, and guidelines of this company. I also understand I will have to participate in at least eight (8) non fire fighting activities a year.(By law article III, section 12).

Signature _____
Street Address _____
P.O. Box # _____
Town and Zip Code _____
Date of Birth _____

Recommended By Two Regular Members:

- 1) _____
- 2) _____

Date of application _____
Social Security # _____
Home phone # _____
Work phone # _____
Cell phone # _____
Email Address _____
Drivers license # _____

THIS FORM MUST BE ACCOMPANIED BY A RECENT PHYSICAL FITNESS FORM, AND A \$ 5.00 NON- REFUNDABLE FEE FOR MEMBERSHIP.

MEET WITH MEMBERSHIP COMMITTEE ON _____ ACCEPTED Y / N