

FOUR TOWN FIRST AID SQUAD, INC.

APPLICATION FOR MEMBERSHIP

PO BOX 28 MORAVIA, NY

PHONE # 497-3215

EMERGENCY # 252-7242

NAME: _____ Date: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

AGE: _____ DATE OF BIRTH: _____

Have you ever been a member of this squad or any other ambulance squad: Yes () No ()

Have you or are you a member of any other emergency department. Yes () No ()

If yes, name of organization _____

Chief or contact person for reference _____

Please check any of the following that apply to you:

First Aid: BASIC () STANDARD () ADVANCED ()

CPR CARD: Yes () No () Expiration date: _____

Interested in our associate membership only: () For drivers and/or attendants.

Application for this position will be voted in, understanding that he/she must complete drivers training and a Four Town Advanced First Aid course when it is offered.

All applications will be subject to approval of the membership committee and voted on by the squad at a general meeting. Accepted membership will be on a six (6) month Probation period. If, during said probation the member proves to be unsatisfactory because of health reasons, lack of interest, or failure to comply with Four Town rules and regulations, Any reason that could prove detrimental to the interest of the organization, a patient or another Member of the squad, membership of this organization will be terminated by a majority vote at A general meeting. Or as Four Town officers deem necessary, for the good of the squad.

I, _____ have received a copy of current by-laws and standing rules. I agree To abide by and uphold said rules and regulations. Signature _____

*MEMBERSHIP COMMITTEE: Date: _____

We recommend: Approval () Disapproval ()

Comments: _____

1) _____ 2) _____ 3) _____
APPLICATION APPROVAL: ON THE _____ DAY OF _____, _____, The above named Applicant was accepted () rejected () The vote was _____ yes _____ no

Squad President _____ Squad Secretary _____

New members sponcer: _____ Main preceptor _____