



Upper Black Eddy Fire Company #1

Bucks County Station #47

PO Box 171, Upper Black Eddy, PA 18972

(610) 982-5710 www.ubefire.com firehouse@ubefire.com

Application for Membership

COMPLETE THE FRONT AND BACK OF THIS APPLICATION

Today's Date: _____

Your Full Name: _____

Street Address (No PO Boxes): _____

City _____ State (circle one) PA NJ Zip _____

How long have you lived at this address? _____

Daytime Phone: _____ Evening Phone: _____

Mobile Phone: _____ Email: _____

Date of Birth : _____ Height: _____ Eye Color: _____

Social Security Number _____

(Required. We conduct a criminal background check on applicants)

Do you hold a valid drivers license? _____ License Number: _____

Do you have a Commercial Driver's License (CDL)? Yes No

Please tell us about any past firefighting training and experience you have, including certifications:

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Members age 14-17 – Please have a parent or legal guardian complete this section:

Parent/Guardian Full Name: _____

Day Phone: _____ Evening Phone: _____

Mobile Phone: _____ Email: _____

General Rules For Junior Members:

1. School comes first. Members must maintain a "C" or better average.
2. Participation in activities is subject to the laws of the Commonwealth of PA

I hereby grant my child/ward permission to join the Upper Black Eddy Fire Company.

Signature: _____

Read this:

Membership in the Upper Black Eddy Fire Company is open to all persons aged 14 and older. Your signature below grants the Upper Black Eddy Fire Company permission to conduct a criminal background investigation and report the findings of the investigation to the membership when considering your application.

Your signature: _____

Drills and meetings are held every Tuesday night at 7:00 PM.

Member applicants are considered "probationary" members for a period of six months from the date of application, after which the membership will hold a vote to approve or deny full membership in the company.

Status: Voted In Date _____