

Carlisle Fire and Rescue Services

177 Spring Road
Carlisle, PA 17013

Application for Membership

Name _____ Date _____
Address _____ Telephone _____
City/State _____ Zip Code _____
Social Security No. _____ Date of Birth _____ Age _____
Employed by _____
Name of Beneficiary _____ Relationship _____

Emergency Contact

Name _____ Relationship _____
Telephone _____

Type of Membership

Active _____ Junior _____ (a copy of employment work permit required)

Please read and sign below.

If accepted as a member of Carlisle Fire and Rescue Services I will uphold the by laws at all times. Also by signing below I give permission to Carlisle Fire & Rescue Services to do a criminal background check.

Signature _____ Date _____

Signature of Parent or Guardian _____
(only needed if under the age of 18)

After the application for membership has been filled out completely and signed, present to a company member along with fifteen dollars (\$15.00) application fee, which is non-refundable. Your signature will be entered in on the company minutes book, and you will be presented to the company membership for voting.