

Phone : 410-775-7422

Or 410-857-5880

Fax : 410-857-8775

***Meeting First Tuesday
of Each Month
at 7:00 PM***



EMERGENCY - 911

**8 W Locust ST
P.O. Box 1050
Union Bridge, MD 21791**

"Proudly We Serve"

APPLICATION FOR MEMBERSHIP

FEE: _____ \$5.00 (Money Non-refundable) RECEIVED BY: _____

NAME: _____ TELEPHONE: _____

MAILING ADDRESS: _____ DATE OF BIRTH: _____

CITY, STATE, ZIP: _____

SOCIAL SECURITY NUMBER: _____ OCCUPATION: _____

EMPLOYER NAME & ADDRESS: _____

I am willing to:

Respond on Fire/Rescue Incidents _____ Respond on Ambulance Calls _____
Serve in Administrative Capacity _____ Help with Fundraising Events _____

List any previous fire, ambulance or rescue company memberships and approximate years of service:

List any prior training and dates relative to above memberships:

Have you ever been convicted of any criminal violation(s) since your 18th birthday?

No _____ Yes _____ If yes, Explain: _____

I, hereby, verify that all information given in this application is true and correct to the best of my knowledge and do, hereby, authorize the Union Bridge Fire Company, Inc., to verify all information on this application. I will appear before the Executive Board for a personal Interview.

Signature

Date

FIRE COMPANY USE ONLY

Date Interviewed by Executive Board: _____

Recommend for ACTIVE _____ INACTIVE _____ MEMBERSHIP

NOT Recommended for Membership _____

Chairman, Executive Board

Date