

Crawford Township VFD Inc Auxiliary  
121 Shawboro Rd  
Moyock, NC 27958

Application for Membership

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Applying for: ( ) Active Member ( ) Junior Member (Age 14 & 17)

Email Address: \_\_\_\_\_

If you are under eighteen years of age, a parent/guardian signature is required:

NAME: \_\_\_\_\_

Signature(Parent or Guardian) \_\_\_\_\_

I \_\_\_\_\_, do hereby consent to having a criminal history background check conducted by the Crawford Township Volunteer Fire Dept.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Comments(for official use only)

Recommendation Approved/Denied on: \_\_\_\_\_