

Bethany-Salem Fire Department  
200 Henderson Mountain Rd  
Jasper, GA 30143  
Office: 678-454-2737 Fax: 678-454-2737

MEMBERSHIP APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ D.O.B \_\_\_\_\_ AGE \_\_\_\_\_  
LAST, FIRST MI

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_

SSN: \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**IN THE EVENT OF EMERGENCY NOTIFY:**

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

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

DO YOU HAVE ANY FIREFIGHTING EXPERIENCE? ( ) YES ( ) NO

DESCRIBE:

DO YOU HAVE ANY MEDICAL TRAINING SUCH AS CPR, EMT ETC? ( ) YES ( ) NO

DESCRIBE:

DO YOU HAVE ANY KNOWN ALLERGIES? ( ) YES ( ) NO

DESCRIBE:

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS? ( ) YES ( ) NO

BY SIGNING BELOW, YOU AGREE THAT THE INFORMATION ON THIS APPLICATION IS CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE