The Community Volunteer Fire Department of Mahaffey

Funded and Established 1933

958 Market Street, Mahaffey, Pa. 15757
Phone: 814-277-6639
Website: Mahaffeyfire.org

MEMBERSHIP APPLICATION

Application Date: _____ **$1.00 Membership Fee must be paid with application.**

Name: _____ Date of Birth: _____

Address: _____ Primary Phone: _____

_____ E-Mail: _____

Emergency Contact Name: _____ Phone: _____

TYPE OF MEMBERSHIP: (Circle any that you are interested in)

FIREFIGHTER FIRE POLICE FUNDRAISER/SUPPORT

Training: (Please list any training related to Fire/EMS that you may have. We will need copies of certificates.)

_____

_____

_____

BENEFICIARY INFORMATION

PRIMARY SHARE

NAME: _____ DATE OF BIRTH: _____ RELATIONSHIP: _____

SECONDARY SHARE

NAME: _____ DATE OF BIRTH: _____ RELATIONSHIP: _____

- ***I _____ AM APPLYING FOR MEMBERSHIP WITH THE COMMUNITY VOLUNTEER FIRE DEPARTMENT OF MAHAFFEY. I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE NOT BEEN CONVICTED OF ANY CRIMES EVER. I GIVE PERMISSION TO THIS FIRE DEPARTMENT TO DO A BACKGROUND CHECK FOR VERIFICATION.***

_____

SIGNATURE AND DATE REQUIRED

IF UNDER 18 YEARS OF AGE A PARENT'S CONSENT AND WORKING PERMIT WILL BE REQUIRED.

SIGNATURE OF PARENT (IF APPLICABLE): _____

DEPARTMENT USE

DATE OF ACCEPTANCE: _____ PRESIDENT'S SIGNATURE: _____

DUES PAID: _____ CARD GIVEN: _____ BYLAWS GIVEN: _____

Serving the Townships of: Bell, Burnside, Chest, Ferguson, and Greenwood
Serving the Boroughs of Mahaffey, Newburg, Burnside, and New Washington