

Membership Application



Applicant Information									
Full Name:						Date:			
	Last	F	irst		М.І.				
Address:									
Address.	Street Address					Apartment/Unit #			
	City				State	ZIP Code			
Please provide contact information below AND indicate which method is to be used for URGENT messaging (SEARCH) and which should be used for NON-URGENT messaging (Meetings, trainings, etc.).									
URGEN	NON-URGENT								
		Cell Phone:			Carrier:				
		E-mail:	:						
Home Phone: Work Phone:									
DOB (mm/yyyy): / Height: Weight: Hair Color: Eye Color:									
Do you have any medical conditions that we should be aware of such as allergies or medications? YES INO I If YES, please list them:									
Have you been convicted of a crime?			YES	NO □	If yes, attach statement.				
Are you a Veteran of the U.S. Military?			YES	NO □	If yes, what branch?				
Do you speak, read or write a foreign language?			YES	NO □	If yes, describe?				
List special skills, levels of first aid certification, other certifications and qualifications:									

Any additional details for any questions requiring explanation of a short bio about your Search and Rescue experience:

List professional, trade, business or civic organizations you are a member of: (PLEASE - NO ACRONYMS)

Ref	erences		
Please list one reference that is not related to you and		ployer.	
Full Name:	Relationship:		
Company:			
Address:		_	
Person to be Notifie		raency	
		rgency	
Full Name:			
Last First			
Address:			
Street Address			Apartment/Unit #
City		State	ZIP Code
Home Phone:	Email:		
Work Phone:			
Cell Phone:			
Disclaimer	and Signature		
By signing below, I certify that my answers are		te to the best	of my knowledge,
and I have read, understand and agree to abid	e by the MASAR	media policy.	
Signature:		Date:	
Please mail completed form and \$20.00 dues	payment to:		

Larry Dehof 2 Basin Road Windham, ME 04062 treasurer@pinetreesar.com