



Membership Application



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

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.).
*SMS address is typically your cell phone number plus a suffix depending on your carrier. (e.g., 1234567890@txt.att.net)

URGENT	NON-URGENT
Check One	
<input type="checkbox"/>	<input type="checkbox"/>

Cell Phone: _____ *SMS : _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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 NO
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)

References

Please list one reference that is not related to you and is not a previous employer.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Person to be Notified in Case of Emergency

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 true and accurate to the best of my knowledge, and I have read, understand and agree to abide 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