

# Tilghman Volunteer Fire Company, Inc.

## P.O. Box 297

### Tilghman, Maryland 21671

FIREHOUSE  
410-886-2101

tivfc@verizon.net  
**APPLICATION FOR MEMBERSHIP**

FAX  
410-886-2677

I hereby apply for ( check one )  EMS  Fire/Rescue/ Boat  Administrative Membership

**( PLEASE PRINT )**

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Class License: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Hrs. Worked: \_\_\_\_\_

Employer Phone # \_\_\_\_\_ E-Mail Address ( If Applicable ) \_\_\_\_\_

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Have you ever been a member of any fire department ? Yes  No  If yes, complete the next page of this application.

Have you ever been convicted of a violation of the law, including motor vehicle violations ? Yes  NO

If yes, give dates and penalties: \_\_\_\_\_

**APPLICANT'S STATEMENT:** *If accepted, I promise to abide by the by-laws and to put forth my best efforts to the interest of the Company. My duties shall be to attend drills, meetings, and courses in fire fighting and / or emergency medical services, and to serve on committees and to participate in fund raising activities. By signing this application, I agree to a background check and to affirm that the information herein is truthful, and any falsification of same will be subject to immediate termination of membership.*

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / guardian  
( If under 18 years old )

\_\_\_\_\_  
Date

*\* Complete this section only if you have been a member of a Fire Department / Company either currently or in the past.*

*Department / Company Name:* \_\_\_\_\_

*Department / Company Address:* \_\_\_\_\_

*Department / Company Phone #* \_\_\_\_\_ *Contact Person:* \_\_\_\_\_

*Dates of Membership:* \_\_\_\_\_

*Training Received:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Reason for Leaving:* \_\_\_\_\_

*Why do you want to become a member of Tilghman Volunteer Fire Company, Inc. ?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TVFC SPONSORS  
( MUST HAVE TWO SIGNATURES )**

\_\_\_\_\_

**FOR FIRE COMPANY USE ONLY**

*Date Submitted:* \_\_\_\_\_ *Dues Received:* \_\_\_\_\_ ( \$ 5.00 PER CALENDAR YEAR )

*First Reading:* \_\_\_\_\_ *Second Reading:* \_\_\_\_\_

*First Vote:* \_\_\_\_\_ *Date of Final Vote:* \_\_\_\_\_  
( One Year From First Vote )

**\* NOTE : ALL NEW MEMBERSHIPS ARE PROBATIONAL AND SUBJECT TO FINAL VOTE ONE YEAR AFTER FIRST VOTE. ALL NEW APPLICATIONS MUST BE ACCOMPANIED WITH \$ 5.00 WHEN APPLYING FOR MEMBERSHIP, AND REFUNDABLE IF NOT VOTED IN. APPLICANT'S ARE ALSO REQUIRED TO MEET WITH MEMBERSHIP COMMITTEE PRIOR TO PROVISIONAL MEMBERSHIP.**