

Best-Luther Fire Department, Inc.

303 Old Best Road
West Sand Lake, NY 12196
Phone #: 518-283-5641
Email: bestlutherfire@gmail.com

Application For Membership

ACTIVE (16+) _____ ASSOCIATE (16+) _____ JUNIOR (14-15) _____

Name: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Height: _____

Social Security #: _____ Driver's License: _____

ACTIVE APPLICANTS ONLY: Do you have any disabilities or medical conditions that would limit your ability to fight fires?

Yes: _____ No: _____ If yes, please explain: _____

IN CASE OF EMERGENCY

Name: _____ Phone #: _____

Name: _____ Phone #: _____

If accepted as a member of the Best-Luther Fire Department, the undersigned agrees to obey all rules and lawful summons of the organization.

I understand that the Department is required by law to perform an Arson Background Check and any convictions which require registration as a sex offender on all applicants, and I consent to such a check.

Applicant's Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Application Received: _____

Sponsored By: _____

First Read: _____

Membership Vote: _____ Date: _____

Notification by the Secretary Date: _____

