

# Application For Membership

Coeymans Volunteer Fire Company No. 1

67 Church Street, PO Box 55

Coeymans, New York 12045

Phone: 518-756-2027

Fax: 518-756-2760

www.Coeymansfire.com

Date:

Name:

Address:

City:  State/Province:  Zip/Postal Code:

SS Number:

Date Of Birth:

email address:

Home Phone:

Cell Phone:

Have you ever been convicted of a crime:  yes  no

If yes, please explain

Do you have a drivers license?  yes  no

State of issue:  Driver ID#:

**\*\*\*For Internal Use Only\*\*\***

## Secretary's Endorsement

This application was received and read at the regular meeting of the Coeymans Fire Company held on \_\_\_\_\_, and was referred to the investigating committee on the above date.

## **Investigating Committee Report**

- The investigating committee wishes to report that they have completed a background check and have inquired into the character and competency of said applicant and finds this applicant favorable for active membership.
- The investigating committee wishes to report that they have completed a background check and have inquired into the character and competency of said applicant and finds this applicant unfavorable for active membership for the reasons listed.