



Established 1882

# Application for Membership Delaware Hose Company #2

74 Wheeler Street  
Mail to; PO Box 149  
Tonawanda NY 14150

Please print except where signatures are requested

Date / / 20

I, \_\_\_\_\_ hereby make formal application for active membership in the Delaware Hose Company #2.

Address \_\_\_\_\_

How Long \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Single  Married  Divorced  Dependents \_\_\_\_\_

Present Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Are you a citizen of the United States of America? YES  NO

How long have you resided in the City of Tonawanda? \_\_\_\_\_

Do you have any physical disabilities? YES  NO

Have you ever been convicted of a crime? YES  NO

Were you in the Services? YES  NO  Type of discharge \_\_\_\_\_

Were you ever a member of another fire company or department? YES  NO

If yes, explain. \_\_\_\_\_

Do you have any special skills we could use? \_\_\_\_\_

I hereby agree to comply with the rules and regulations of the Tonawanda Fire Department and the Constitution and Bylaws of the Delaware Hose Company #2 now in effect or any subsequent revisions or additions.

I further swear that the above statements are true to the best of my knowledge. I fully understand that falsification of any of the above could be used for rejection of this application, or if discovered after my election to this company for my expulsion from the company. I will comply with medical exam requirements before election to this company.

Date / / 20 Signature \_\_\_\_\_

Reference of two members in good standing

Investigation Committee Report Recommended  Rejected

Comments \_\_\_\_\_

Application accepted at the / / 20 company meeting \_\_\_\_\_

Interviewed on / / 20 by \_\_\_\_\_

Applicate elected  rejected  at the / / 20 company meeting

Applicant put on city fire roll on / / 20