



Sabinsville Fireman's Ambulance Association

NEW MEMBERSHIP APPLICATION

1021 Locust Street
Sabinsville, Pa 16943

Full Name: _____ D.O.B.: _____

Address: _____

SSN: _____ Phone number: _____

High School: _____ Year of graduation: _____

18 or older: YES or NO

Military: YES or NO

Honorable discharge: YES or NO if no, please explain: _____

Have you ever been arrested: YES or NO (if yes, please explain on back)

Previous EMS or Fire service: YES or NO (list on back)

Any certifications: YES or NO (list with license number)

REFERENCES:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Applicants Signature: _____ Date: _____

Guardians Signature: _____ Date: _____

(Chief Only)

Membership approved: YES or NO Signature: _____

Date Approved: _____ Print: _____

Receiver Number: 26R____ Pager Number: _____

