



EVESHAM FIRE-RESCUE EXPLORER POST 226



MEMBERSHIP APPLICATION

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-Mail Address _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Father's Name: _____ Phone: _____

Father's Address: _____ Occupation: _____

Mother's Name: _____ Phone: _____

Mother's Address: _____ Occupation: _____

In case of emergency contact: _____ Phone: _____

Or contact in case of emergency: _____ Phone: _____

UNIFORM INFORMATION

Pants size: Waist _____ Outseam length _____ Mens/Womens

Short Sleeve Shirt: S M L XL _____ Long Sleeve Shirt: Neck _____ Sleeve Length _____

Tee Shirt _____ Shoes _____

Answers are to be printed legibly in ink. Each question must be completed, leaving no blanks. If a field does not apply, enter N/A in the space provided. Any false statements made on this form will cause the applicants name to be removed from the eligible list or cause for dismissal if an appointment is made.

