Grantville Volunteer Fire Company

**Membership Application**

Thank you for considering joining the Grantville Volunteer Fire Company. The following are notable excerpts from our Bylaws:

Membership:

1. To become a member of the Fire Company, a person must be at least sixteen (16) years of age.
2. Persons desiring Emergency Response, Junior, or Supporting membership in this organization must furnish all available information requested on the fire company’s application for membership. The application must include two (2) sponsors’ signatures attesting to the good moral character of the prospective member. PA mandated clearances (i.e., Child Abuse Clearance and Police criminal record) and the first year’s dues must accompany the application. The information on the membership application must be typewritten or printed and legible. Once all requirements have been met, the application will be read at the regular monthly meeting. The application will be held over until the next regular monthly meeting to be voted on by the membership for acceptance or rejection.
3. Persons applying for Emergency Response (or Junior) membership must be present the night their applications are voted on by the general membership unless there is a reasonable excuse for their absence, such as work, school, or illness. Prior to voting the applicants shall be introduced to the membership by at least one of the sponsors. The applicants shall not be in the room during the voting.
4. Persons applying for supporting membership do not have to be present the night the applications are voted on by the general membership.
5. After acceptance to the Fire Company, a member shall undergo a six (6) month probationary period. Probationary Emergency Response members shall attend 10 Company functions and not violate any Company Bylaws or SOG’s to advance to full membership. Probationary Supporting members shall attend one (1) Company function and not violate any Company Bylaws to advance to full membership.

Dues and Payment Thereof: The annual dues of the Fire Company shall be three dollars ($3.00). Members shall tender their renewal dues to the Membership Secretary between December 1 and December 31. Any member who does not comply with this timely requirement of payment of dues shall not be granted the floor at any Company meeting or voting rights at any Company meeting.

Supporting Members shall not engage in any emergency service activity. Supporting members shall have the right to vote at Fire Company meetings, hold executive office and serve on committees if qualified as stated in the By-Laws.

Emergency Response Members shall be those members who engage in emergency services, i.e., Firefighting, Fire Police, Rescue or Emergency Medical Assistance. Emergency Response members in good standing shall have the right to vote at all Fire Company meetings, hold elected office, and be permitted to engage fully in all activities performed by the Fire Company. Only Emergency Response members may be elected to Staff Officer positions. All Emergency Response members shall comply with the minimum training requirements as outlined in the By-Laws and the Fire Company’s S.O.P.

Company meetings are held on the second Thursday of each month at 7:00pm.

Retain this sheet for your reference. Forward your application to the GVFC Membership Secretary. Any questions, please contact the Membership Secretary.

Grantville Volunteer Fire Company

Please select what type of Membership desired realizing that ALL members automatically belong to the Auxiliary.

Type of Membership Desired: **Firefighter Fire Police QRS Junior Supporting**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Township: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been at this Address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a Member of another Fire / EMS Company? [ ] Yes [ ] No

 If Yes – Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you leaving this Fire / EMS Company? [ ] Yes [ ] No If Yes – Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a Felony or Misdemeanor? [ ] Yes [ ] No

If Yes - When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned do hereby give the Grantville Volunteer Fire Company permission to investigate all the information on the Application. If any information is found to be untrue, that may be a reason for rejection.

**I do hereby attest that all the information on the Application is factual and correct.**

Applicant Signature: Date:

Sponsor #1: Print Name:

Sponsor #2: Print Name:

1st Reading: 2nd Reading Yes / No