



# EAST ENTERPRISE VOL. FIRE DEPT. INC.

EAST ENTERPRISE STATION  
P.O. BOX 35  
EAST ENTERPRISE, IN 47019  
PHONE: 812-534-2752  
FAX: 812-534-3985

www.eevfd.org

FLORENCE/YORK TWP. STATION  
P.O. BOX 64  
FLORENCE, IN 47020  
PHONE: 812-594-9902  
FAX: 812-5949902



<b>MEMBERSHIP APPLICATION</b>		
<b>APPLICATION FOR ACTIVE MEMBERSHIP</b>		
Name:		
Date of Birth:	Home Phone:	Cell Phone:
Current Address:		
City:	State:	Zip Code:
E-mail:	DLN:	
<b>EMPLOYMENT INFORMATION</b>		
Current Employer:	Position:	
Employer Address:	How long:	
City:	State:	Zip Code:
	Work Hours:	Off Days:
<b>EMERGENCY CONTACT</b>		
Name:	Relationship:	
Address:		
City:	State:	Zip Code:
<b>BENEFICIARY (INSURANCE PURPOSES)</b>		
Name:		
Relationship:	Date of Birth:	Phone:
<b>PREVIOUS FIRE DEPARTMENT(S) ATTACH COPY OF TRAINING</b>		
Fire Department:	How long:	
Fire Department:	How long:	
Firefighter Certificate #:	Level of Training:	
<b>REFERENCES</b>		
Name:	Address:	Phone:
<b>MEMBERSHIP COMMITTEE'S REPORT</b>		
This committee has conferred with the applicant and his/her spouse regarding the duties and obligations of the applicant. After review of the applicant's probationary period, the membership committee makes the following report on the applicant: <b>(Yes or No)</b> to the members of the East Enterprise Volunteer Fire Department, Inc.		
Applicant placed on waiting list:	Date:	
Applicant placed on probation:	Date:	
<b>SIGNATURES</b>		
Signature of Applicant:	Date:	
Signature of Recommending Fireman:	Date:	
This application was read at the regular business meeting of the fire company on _____, and again for the second time on _____, and presented to the membership committee.		

