

**APPLICATION FOR MEMBERSHIP  
HOLYOKE VOLUNTEER FIRE DEPARTMENT**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

Have you lived and/or worked within a 2 mile radius of the intersection of Denver and Interocean for six consecutive months? \_\_\_\_\_

Do you live within the Holyoke Fire Protection District? \_\_\_\_\_

Are you a citizen of the United States?

When did you move to Holyoke?

\_\_\_\_\_

\_\_\_\_\_

Place of birth? \_\_\_\_\_

Date of birth? \_\_\_\_\_

Street Address? \_\_\_\_\_

Mailing Address? \_\_\_\_\_

Home Telephone #? \_\_\_\_\_

Cell Phone #? \_\_\_\_\_

Married or Single? \_\_\_\_\_

# of Children? \_\_\_\_\_

Occupation and Employer? \_\_\_\_\_

Will you submit to a physical exam at the expense of the department? \_\_\_\_\_

Do you agree to obey all orders from your superior officers on all occasions? \_\_\_\_\_

If elected, do you promise to uphold the By-Laws governing this department? \_\_\_\_\_

Signed \_\_\_\_\_

Recommended by \_\_\_\_\_ and \_\_\_\_\_

I the Employer have read and do approve the application. I agree to allow my employee's attendance at all fire calls whenever possible.

Signed \_\_\_\_\_

We, the investigating committee to whom this application was referred, find them qualified to become a probationary member of the Holyoke Volunteer Fire Department.

Investigating Committee

\_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_

Date of first reading \_\_\_\_\_

Date of election as a probationary member \_\_\_\_\_

Date of election as a permanent member \_\_\_\_\_