



COMPANY 2

Hartwick Fire Department / First Responders
4877 State Hwy 28
Cooperstown, NY 13326



APPLICATION FOR MEMBERSHIP

1. Last Name _____ First Name _____ MI _____

2. Address _____

3. Telephone Home (____) _____ Work (____) _____

4. Date of Birth _____ 5. Age _____ 6. Height _____ 7. Sex _____

8. Place of Birth _____

9. Social Security # _____

10. Current By-Laws provided to applicant: yes no (circle one)

11. List Fire and/or EMS Training and any previous experience

(if more room needed use the back of this sheet)

12. List three references _____

By signing this application, I understand the requirements of membership as stated in the By-Laws.
I also understand that a Arson Conviction Check will be done as required by NYS Executive Law Section 837.

13. Applicants Signature _____ 14. Date _____

15. Drivers license and another picture ID was show to officer yes no (circle one)
Dues paid yes no (circle one)

16. Officer Signature _____ Title _____

17. Arson check results _____

Applicant accepted date _____ Applicant rejected date _____