

**THOMPSON HOSE COMPANY
PO BOX 419
THOMPSON PA 18465
APPLICATION FOR MEMBERSHIP**

Name: _____ Social Security No.: _____ - _____ - _____
 Address: _____ Date of Birth: ____/____/____
 City/State: _____ Zip Code: _____
 Home Phone Number: _____
 Drivers License Number: _____ State: _____ Exp. Date: _____
 Emergency Contact: _____ Phone Number: _____
 Employer: _____ Phone Number: _____
 Position: _____ Hours Working: _____ to _____
 Previous or Present Emergency Service: _____
 Position or Rank Held: _____ How Long: _____

Please explain briefly why you wish to join Thompson Hose Company, Inc.

Please list two personal references other than immediate family members:

Name: _____ Address: _____
 Name: _____ Address: _____

I _____ understand Thompson Hose Company, Inc. will verify any and all information supplied by me on this application for membership. In addition I understand that if there is any question the Thompson Hose Company may request a Criminal Background Check and/or Child Abuse Clearances at the fire companies expense.

All information supplied on this application is true and accurate to the best of my knowledge. I understand that any falsified information supplied on this application for membership may be cause for immediate rejection of this application.

The annual membership dues are \$5.00 per year. The first years dues MUST accompany this application. Should this application for membership be rejected, the dues received with this application are refundable.

Membership applied for: _____ ACTIVE _____ CONTRIBUTORY _____ ASSOCIATE
 First years dues attached: _____ YES _____ NO

Signature of applicant: _____ Date: _____

Sponsor 1 : _____ Sponsor 2: _____

TO BE FILLED IN BY THOMPSON HOSE COMPANY, INC.

Application Status: _____ Accepted _____ Rejected Date: _____

Committee Recommendations:

