



PUNXSUTAWNEY FIRE DEPARTMENT  
301 East Mahoning Street  
Punxsutawney, PA 15767  
(814) 938-8700

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## APPLICATION FOR MEMBERSHIP

To the Officers and Members of the Punxsutawney Fire Department,

I hereby apply for membership in the  Central  Elk Run  Lindsey

I certify that I am at least 18 years of age and live within the prescribed limits of the Punxsutawney Fire Department.

### APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth (City, State) \_\_\_\_\_

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

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone # (optional): \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

\_\_\_\_\_

Employer Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Non-family References (name, phone number, association (co-worker, employer, friend, etc...))

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Handicaps / Disabilities / Known Medical Conditions:

\_\_\_\_\_

\_\_\_\_\_

Nearest Relative, relationship (not living with you): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY-----

Applicant Proposed by (member name/signature): \_\_\_\_\_

Applicant Seconded by (member name/signature): \_\_\_\_\_