



Frankfort Center Fire Department

799 Center Road Frankfort, New York 13340



Application for Membership

Name _____ Date _____

Address _____ District Resident for _____

Telephone _____ Age _____ Date of Birth _____

Employer _____ Scheduled work Hours _____

Occupation _____

Social Security No. _____

Drivers License No. _____

Physical Condition (any defects) _____

Have You Ever been convicted of a Felony No _____ Yes _____

If Yes explain _____

Sponsor _____

Sponsor's Signature _____

Application Fee \$ 5.00 _____

Obligation

I, _____, In the presence of the members here assembled, do solemnly promise that I will abide by the laws, rules, and regulations of the Frankfort Center Fire Department. I faithfully pledge my word to perform all my duties and act in the proud character of a firefighter of this company.

Signed _____

Date _____

Consent is given for the above named minor applicant to become a member of the Frankfort Center Fire Department

Signed _____

Parent/Legal Guardian

Date _____