

GLENSIDE FIRE COMPANY NO. 1

APPLICATION FOR BOARD MEMBERSHIP

Name: _____ Date of Application: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ United States Citizen: YES NO

Home Phone: _____ Work phone: _____

Cell phone: _____ Email Address: _____

Can attend a minimum of six (6) meetings per year: YES NO

(Board meets the first Monday of each month)

Willing to serve regularly on one (1) or more standing committees of Company or on

Ad-Hoc committees when appointed. YES NO

Occupation/Profession: _____

Employer: _____

Position: _____

Community Activities Experience: _____

References (3):

Name:	1.	2.	3.
Address:			
City			
Phone:			

Name of individual who suggested membership: _____

I want to be a Director of the Fire Company because: _____

I can contribute the following to the Fire Company: _____

List any special skills (i.e. accounting, computer, legal): _____

Applicant's Signature

Date

For Internal Use Only

Application Received by: _____

Date Received: _____