Rescue Squad

Dix Hills Fire Department

115 East Deer Park Road
Dix Hills, N. Y. 11746

Application for Membership

Print Only **Date:**_____

_____

(Applicant's Name)

_____

Address **City** **State** **Zip Code**

Home Phone #_____**Social Security #**_____

Driver's License #_____**Expiration Date**_____

Engine Co. #_____**Date Entered Fire Dept.**_____

Qualifications:

Standard Card_____**Expiration Date**_____
Advanced Card_____**Expiration Date**_____
EMT Card #_____**Expiration Date**_____
AMT Card #_____**Expiration Date**_____
Other_____ **Expiration Date**_____

Fire School Status: Date Completed _____

Articles Supplied:
Jacket _____**Coveralls**_____**Helmet** _____ **ID Badge**_____

_____
(Signature of Applicant)

Accepted_____**Rejected**_____**State Reason**_____

_____

Captain _____
Company Officer _____
Chief Officer _____

Date:_____