



Alpha Fire Company #1, Inc.

40 E. King Street, Littlestown, PA 17340

717.359.4212 (P) – 717.359.8425 (F) www.alpha20fire.org

Membership Application

Alpha Fire Co. #1, Inc. would like to thank you for your interest in volunteering your time in serving our community to make Littlestown and surrounding communities a safer place to live.

Alpha Fire Company #1 Inc. of Littlestown, Pennsylvania does not discriminate based on race, religion, creed, sex, or national origin.

ALL applications **MUST** have the application fee and be placed in a sealed envelope. This should be placed in the mailbox of the Membership Secretary in the Watch Office.

Attached is an **application for membership** to be submitted by the applicant with a \$10.00 membership application fee.

- The following items (all items **MUST** be the original):
 - Current driver's license (Photocopies will be accepted by Alpha Fire Co. #1)
 - Training certificates (maybe copies if the original is not available)
 - Letters of recommendation(s), if any

No-one under the age of 18 years may apply via this application.

Ages 14-17, use Junior application to apply for our junior program.

Any person(s) found falsifying ANY information on the application is subject to disciplinary action up to and including termination of membership in Alpha Fire Co. #1 of Littlestown, PA.

The Membership Secretary will run a State Police Criminal History Report. If anything is in your report, your application is disqualified, and you are no longer eligible to join Alpha. Your money will not be refunded.

All incoming members will meet with the Membership Secretary, and others as needed prior to application being presented to the company members.

Applicants who are denied membership for any reason **CANNOT** re-apply for a period of one (1) year from the date of the original application.

Application(s) are now PDF fillable and can be e-mailed to mem.sec@alpha20fire.org or mailed to the address above. You may also drop them off at the firehouse for a member to place them in the *Membership Secretary mailbox*. **Add c/o Membership Secretary beneath Alpha Fire Co. on the envelope when mailing them.**

Questions may be addressed to the Membership Secretary at mem.sec@alpha20fire.org or call 717.359.4212 ext. 107. Someone will return your call asap.

The Membership Secretary will be in contact with you, the applicant, via phone and/or email. Please make sure your handwriting is legible.



Membership Application

ACCEPTED MEMBERSHIP:

Applicants who are accepted into membership are placed on probation for at least one (1) year.

During this period, the applicant:

1. will receive a copy of Alpha's by-laws via e-mail unless otherwise notified.
2. must submit beneficiary documents to Membership Secretary.
3. is required to attend and pass all necessary training and/or seminars presented by Alpha Fire Co. #1 and/or other agencies.
 - a. All seminars will be paid for by Alpha Fire Co. #1 per regulations in the by-laws.
4. is required to participate in company fundraisers and work details

END OF PROBATION:

At the end of this 1-year period, one of three recommendations will be made to the body of Alpha during the current meeting.

Recommendations are based off the following criteria but not held to; being active in attendance/participation on Fireside and/or Fire Police (calls, training, other classes etc.), attendance/participation with various fundraisers, participation in work details.

The Membership Secretary will reach out to the Chief, President, Fire Police, and the fundraising committee for input on the applicants' participation during the year and to see if there are any known issues presented during your probation.

Three (3) outcomes that can take place:

1. Accept the applicant as a member; will be given a regular membership card along with their welcome to membership letter. Each year, at the end of April's meeting they will be required to pay \$10.00 yearly dues. Member(s) will receive full company benefits.
2. Denied applicant(s); the member will be sent a denial letter and cannot reapply for 1 calendar year after the meeting date for which they were denied as a member.
3. Extend the applicant's probationary period – the applicant will be handed over to the Judicial Board with all criteria, and they will determine the length of extension, if any.

NOTE: If probation is not completed, the applicant MUST wait one (1) full calendar year before re-applying for membership.

Please detach this section and keep for your information concerning your one (1) year probation period.

DO NOT turn the above section in with your application!

Thank you for applying to Alpha!



Membership Application

Please fill out the information to the best of your knowledge and ability. Please **PRINT!**

Applicants' Information

Applicant's Full Name: _____

(Last, first, middle)

Alias Name(s) if any _____

Address _____ City _____ State _____ Zip _____

Mailing Address, if different than above _____

Residence Since _____ Gender _____ Race (optional) _____

Previous Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Social Security Number _____ - _____ - _____

Phone Number _____ E-mail address _____

Employer Information:

Employer _____ Address _____ City _____

State _____ Zip _____ Work Phone _____

Any previous memberships or been affiliated with other Fire Companies? No Yes (if so, complete following information)

List the following: *Fire Company Names, Address, Chief's Name and Phone Number*

Have you ever been suspended from any Fire Co? No Yes Date Suspended _____

Name of Co. suspended from _____ Address _____

Reason _____



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Have you ever had your driver's license suspended in the last three (3) years? No Yes

If yes, which state? _____ Date(s) of suspension? _____ Reason? _____

Have you ever been convicted of a felony? No Yes If so, which State? _____ Date(s) _____

Reason _____

What are you looking to give to Alpha and/or the community?

What are you looking to gain by joining Alpha?

Are you willing to attend classes and/or training for either fire, fire police, or QRS-EMS? No Yes

NOTE: Per the PA Relief Bylaw, if you sign up for a class and cannot take it for any reason and you **DO NOT** cancel within the allotted time, you are responsible for paying for the class. **This is not an Alpha bylaw, but a rule stated by PA relief.**

Point of Entry Preference: Which would you like to use for your initial point of entry to the building.

Keycard: the first one is free and after that, they are \$5.00.

Key fob: If you choose to have a fob instead of a card, \$10.00 must be paid prior to getting the fob.

_____ Keycard _____ Key fob



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DECLARATION OF THE APPLICANT

I, the undersigned, hereby submit my application for active membership of the Alpha Fire Co. #1, Inc. I hereby declare the above stated information to be complete and true to the best of my knowledge. I also understand that the omission of any of the above requested information will result in termination of my membership at any future date and forfeiture of any monetary reimbursements, privileges, or offices. I am at the present time in sound physical and mental health. If I am accepted for membership, I will abide by the rules and regulations as set forth in the By-laws of the Alpha Fire Co. #1, Inc and will answer the alarm whenever it is possible for me to do so. I understand I will be a PROBATIONARY MEMBER for a period of 12 months, and I will attend at least 8 monthly meetings during that time and will attend whatever training(s) that is made available to me during that time.

Enclosed you will find my application fee of \$10.00.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date of signature: _____

Check Interest(s) as an Active Members with Alpha: Fire ___ Fire Police ___ Fundraising ___

Interested in being on a committee? If so, please list _____

Recommendation(s) for applicant:

() I propose the above-named applicant for membership of the Alpha Fire Co. #1, Inc. and will be responsible for the said applicant during his/her probationary period.

Members Print Name _____

Member's signature _____ Date _____

() Member issuing application only.

Members Print Name _____

Member's signature _____ Date _____

() Check if application was received off the website and submitted by applicant



Membership Application

Emergency Contact Information

Name/Relationship _____

Street Address _____

Home Phone (if any) _____ Cell Phone _____

Beneficiary Information for Alpha

Name of Beneficiary/Relationship _____

Street Address _____

SSN _____ Percentage _____ Phone no. _____

Name of Beneficiary/Relationship _____

Street Address _____

SSN _____ Percentage _____ Phone no. _____

Name of Beneficiary/Relationship _____

Street Address _____

SSN _____ Percentage _____ Phone no. _____

