



## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

City

State

Zip

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Contact Numbers Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Can you receive calls at work? Y N

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### In case of Emergency notify:

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

**CURRENT EMPLOYMENT:**

Current Employer \_\_\_\_\_

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

Street

City

State

Zip

Do you have any limitations that may require special consideration? Y N

If yes, please explain \_\_\_\_\_

Are there any problems with your driving record? Y N

If yes, please explain \_\_\_\_\_

**EMERGENCY SERVICE EXPERIENCE:**

Department Length of Service

Department Length of Service

**EMERGENCY TRAINING COMPLETED:**

Course Description Date of training

Course Description Date of training

Course Description Date of training

Use additional page if needed. Please provide certificates if available.

**SKILLS:**

Description of Skills that you can offer LCSAR:

Equipment:

Describe any equipment that you can access to benefit LCSAR response:

**REFERENCES:**

Name	Phone Number
Name	Phone Number
Name	Phone Number

**I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for membership or dismissal from membership if accepted. My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief.**

Signature of Applicant	Date
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**LCSAR USE ONLY –DO NOT WRITE BELOW THIS LINE**

	Date	Member
Application submission to LCSAR	_____	_____
Application Read at business meeting	_____	
Applicant Interviewed	_____	
Applicant Accepted as Trainee	_____	
Applicant Accepted as Member	_____	
Applicant Rejected	_____	
Reason for rejection	_____	

\_\_\_\_\_