

Cowlitz-Skamania Fire District #7
11670 Lewis River Road
Ariel, WA 98603

Application for Membership

Print Clearly

Full Name (Last, First, MI) _____
Nickname _____
Social Security # _____
Mailing Address _____ City _____
ZIP _____
Date of Birth _____ Height _____ Weight _____ Phone _____
Driver License # _____ Email _____
Years at present address _____
States of residence prior to Washington _____

Persons to notify in case of an emergency

Name _____ Phone _____
Name _____ Phone _____

Are you in good health? _____

Have you ever had:

- ___ Back Problems
- ___ Heart Disorder
- ___ Hernia
- ___ High Blood Pressure
- ___ Kidney Disorder

List any allergies:	List
Medications	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I Hereby Certify to the Truth of the Above Answers

(Applicant)

Date _____

District Use Only

Effective this _____ Day of _____ 20____

_____ is an active member of Cowlitz-Skamania Fire District #7.

Status: _____ Date: _____
___ Firefighter _____

____ Medical
____ Other

With the authority vested in me by the Board of Commissioners of Cowlitz-Skamania Fire District #7.

(Chief)