

New Member Information Form
 Submit to Shannon - SCFR

Date:

Name			
Social Security Number			
Date of Birth			
Phone Number			
Cell Phone Number			
Street Address			
Status (circle one)	Volunteer	Career	
EMT Certification Number			
Email Address			
Emergency Contact			
Emergency Contact Number			
Drivers License Number			

Line of Duty Death Act Benefits

Volunteer Status (circle one)	Active	Support	Member on Leave	Probationary
	Inactive Lifetime	Inactive	Associate	Honorary Lifetime Member
	Active Driver	Observer	Junior	Lifetime

Volunteer Vehicle License Fee Waiver

Vehicle Year	
Vehicle Make	
Vehicle Model	
Vehicle VIN	

Forms Attached:

Check Below

VSP Criminal History Form	
Health and Beneficiary Form	