

EMAIL ONLY

APPLICATION

Year \_\_\_\_\_

# Fire Police of Pennsylvania

DATE: \_\_\_\_\_ MEMBER NUMBER: \_\_\_\_\_ NEW MEMBER

NAME: \_\_\_\_\_  
RANK      FIRST      Middle Initial      LAST

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MEMBERSHIP: (COUNTY MEMBER) \$7.00  NON-COUNTY MEMBER: \$10.00

COUNTY: \_\_\_\_\_ FIRE COMPANY NUMBER: \_\_\_\_

FIRE COMPANY NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

APPLICANT MUST BE 18 YEARS OF AGE OR OLDER

MAKE CHECK PAYABLE TO **East Pennsboro Fire Police** – NO CASH ACCEPTED    Mail to EPFP, 230 N Enola Drive, Enola, PA 17025  
RUNS FROM JANUARY 1 THROUGH DECEMBER 31

Email this form to: [FPofPennsylvania@gmail.com](mailto:FPofPennsylvania@gmail.com)