

**Saddle Hills County
Fire Department**



Application for Membership

Name: _____

Address: _____

Telephone: (h) _____ (w) _____

Location of Home: _____

D.O.B: _____ **Occupation:** _____

Current Employer: _____ **Since:** _____

Previous Employer: _____ **Length of Empl.** _____

Previous Fire Service Experience:

Training Courses (Fire or Other)

References:

Signature: _____ **Date:** _____

Return completed Application to:
Saddle Hills County
Administration Office
Box 69
Spirit River, AB T0H 3G0
(fax) 864-3904