

# Saddle Hills County - Fire Services



## Application for Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

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