



DOYLESTOWN FIRE COMPANY No. 1

POST OFFICE BOX 208

DOYLESTOWN, PENNSYLVANIA 18901

EMERGENCY DIAL 911

BUSINESS NO. 348-2656

A VOLUNTEER COMPANY

Dear Chief,

_____, a member of your fire company, has made application to join our fire company as an Associate Member. Our Associate membership category is reserved for individuals that are qualified firefighters as certified by their home company. It is designed to permit qualified firefighter's that spend significant time in our coverage area to provide assistance. We define qualified as having successfully completed Firefighter I or equivalent, based on your standards, and a course in First Aid.

While on duty with our Fire Company, all members are fully insured by Worker's Compensation insurance provided by our municipality in accordance with Pennsylvania State Laws and by our own commercial insurance policies.

Request your certification as to the qualifications of the above named firefighter. Any additional comments may be attached or written on the back of this letter.

Fraternally yours,

F. William Cope, President

_____ (date)

I hereby certify that _____ is a member in good standing and has successfully completed basic firefighter and first aid training while a member of:

_____ Fire Company
_____ Address
_____, _____, _____ Municipality, State, Zip code

_____ (printed name)

phone number: _____

_____ (signature)

Fire Chief

Information to be provided by applicant

Name, address and phone number of your home Fire Company:

Name of Fire Company _____

Name of Chief _____

Address of Fire Company:

Street _____ **or Post Office Box** _____

Town _____ **State** _____ **Zipcode** _____

Phone number _____ - _____ - _____