



Membership Application



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Email: _____
Work Phone: _____
Cell Phone: _____ Provider: _____

Position Applied for: Organizational Member (active)
Associate Member
Sustaining Member

DOB (mm/yyyy): ____ / ____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Medications: _____

Allergies: _____

Have you been convicted of a crime? YES NO
 If yes, attach statement.

Are you a Veteran of the U.S. Military? YES NO
 If yes, what branch? _____

Do you speak, read or write a foreign language? YES NO
 If yes, describe? _____

List special skills, levels of first aid certification, other certifications and qualifications:

Any additional details for any questions requiring explanation of a short bio about your Search and Rescue experience:

List professional, trade, business or civic organizations you are a member of : (PLEASE - NO ACRONYMS)

Please tell us how you heard about Pine Tree Search and Rescue.

References

Please list three references that are not related to you and are not previous employers.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Person to be Notified in Case of Emergency

Full Name: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Email: _____
Work Phone: _____
Cell Phone: _____

Disclaimer and Signature

By signing below I certify that my answers are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please mail completed form and \$20.00 dues payment to:
Larry Dehof
2 Basin Road
Winham, ME 04062
treasurer@pinetreesar.com