



# 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:

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

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

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**References**

*Please list three references who 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