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## Membership Application Form

### Personal Information

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

Age: \_\_\_\_\_  Male  Female

D.O.B.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed At: \_\_\_\_\_

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

Phone#: Home: \_\_\_\_\_ Bus: \_\_\_\_\_

Cell: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Class: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Do you have any physical limitations or health concerns? : (Ex. allergies, back problems)

Yes  No

Explain:

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Oath of Confidentiality

I \_\_\_\_\_ will not, without authorization, disclose or make known any privileged information which comes to my knowledge by reason of my appointment. I realize that the Freedom of Information and Protection of Privacy Act prohibits me from disclosing personal information to anyone without authorization; I may be subject to the Act or dismissal if violated.

Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Witness's signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Fire Chief's Signature: \_\_\_\_\_