

WOOD COUNTY EMERGENCY COMMUNICATIONS INC.

APPLICATION FOR MEMBERSHIP

Name _____ Date _____

Address _____

Phone (Home) _____ (Work) _____

(Cell) _____ Email _____

SSN# _____ Birth Date _____

Height _____ Weight _____ Blood Type _____

Eye Color _____ Hair Color _____

Education _____ Military _____ Dates _____

Have you ever been arrested or convicted of any crime other than minor traffic violations? Yes__ No__ (If yes, describe: _____)

Special qualifications _____

Do you own: Car _____ Truck _____ Motorcycle _____ Boat _____

ATV _____ Trailer _____ Snowmobile _____ 4X4 _____

Name of Spouse _____ Number of Children _____

In Case Of Emergency Notify _____

Address _____ Phone _____

Are you willing to volunteer for work anytime day or night? _____

How many hours can you volunteer? _____

Are you willing to operate: Amateur Radio _____ Public Safety Radio _____

Telephone _____ Computer _____ Motor Vehicles _____ Other Equipment _____

WOOD COUNTY EMERGENCY COMMUNICATIONS INC.
APPLICATION FOR MEMBERSHIP

I _____ do affirm that I will support and uphold the By-Laws and Constitution of Wood County Emergency Communications INC. and abide by the Communications Act of 1934 as amended.

I take this obligation freely, without mental reservations or purpose of evasion, and that I will, well and faithfully discharge any and all duties assigned to me.

I do further affirm that I do not advocate nor am I a member of, any party or organization that advocates the overthrow of the Government of the United States of America or the State of West Virginia, by force, violence or subversive acts and as long as I am a member of Wood County Emergency Communications INC., I will not join, cause to join or patronize any such party or organization.

If, I am found guilty of any act, mentally, physically or in any other capacity to be contrary to this organization and its goals, I understand that I will be dismissed from membership according to its Rules, Constitution and By-Laws.

By my signature below I also understand and concur that a background check will be done as a prerequisite to acceptance for membership and that this application **MUST** be returned in person to an officer of Wood County Emergency Communications INC., before or during a regular monthly meeting.

Date	Signature
------	-----------

For Official Use Only:

Approved as member _____

Disapproved as member _____

Date approved or disapproved _____

Unit Identification Number _____