



# JUNIOR MEMBER APPLICATION

*After completing application, please email back to morrisfirecompany@gmail.com or take pictures of application and email photos to same address.*

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

Phone #: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_

School you are attending: \_\_\_\_\_

Grade in school: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_

Physical or Medical Restrictions: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT:

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

Phone #: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

## REFERENCES:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_



# JUNIOR MEMBER APPLICATION

Explain why you wish to be a junior member of the MFC:

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Parent Statement: Do you support this application for junior membership? Why?

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Signature of Applicant: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_