Greensburg Fire Department
Membership Status Update / Change Form

Status Change Type *(Select one)* **Effective Date**_____

☐ **New Member**	☐ **New Junior**
☐ **New 420**	☐ **Resignation**
☐ **Termination**	☐ **Lack of Participation**
☐ **Rank/Position Change**	☐ **Deceased | Date of Death**

A. NEW MEMBER *or* UPDATE **CO#** _____ **Driver's License #**_____ **Class**_____

First Name_____ **MI**_____ **Last Name**_____

Address: _____ **City**_____ **State**_____ **Zip**_____

Home Phone: _____ **Cell Phone:**_____ **Join Date:**_____

Email: _____

Date of Birth: _____ **Social Security #**_____

Rank:_____ **Change:** _____ ***(List all that apply) Example: DAC/FF2/FO2/Treasurer)***

(C, AC, DAC, DSO, ISO, PIO, FF, FF1, FF2, CAPT, L1, L2, SGT, Position or Other)

Emergency Contact_____
Relationship _____ Phone _____

B. JUNIOR MEMBERSHIP INFORMATON _____New _____Change

420 *(12-13 Yr Old)*_____ **Junior** *(14-17 Yr Old)*_____ **Station Affiliation:** _____

Legal Guardian_____
Phone_____ **Relationship** _____ **Email**_____

C. CHANGE IN RANK/POSITION

Rank/Position **From**_____ **To**_____

Membership Standing

- **In Good Standing:**
  ☐ Yes
  ☐ No
- **Station No.:** _____

Signature (Company Secretary) _____ **#**_____ **Date**_____

Send Copies To:

ESO Data Administrator
R.A. Membership Secretary
Board of Control
GFD IaR Administrator
GFD Medical Officer