



# BOX 13 ASSOCIATES

## APPLICATION FOR PROBATIONARY MEMBERSHIP

PLEASE PRINT OR TYPE

FULL LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ DRIVERS LICENSE NO: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

YOUR TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PREFERRED MAILING ADDRESS: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ OTHER \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S DATE OF BIRTH: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ SPOUSE'S TITLE: \_\_\_\_\_

NAMES / AGES OF DEPENDENTS: \_\_\_\_\_

\_\_\_\_\_ AMATEUR RADIO CALL SIGN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

PAGER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLUB MEMBERSHIPS: \_\_\_\_\_

BOARD MEMBERSHIPS: \_\_\_\_\_

FIRE SERVICE EXPERIENCE: \_\_\_\_\_

HOBBIES & AVOCATIONS: \_\_\_\_\_

*(If desired, you may attach supplementary information about yourself in an attached document.)*

Please Read and Sign on the Reverse Side

**On a separate sheet of paper describe *why you would like to become a member of Box 13 Associates and describe what you feel you may add to the organization.* Your application must be accompanied by the recommendation of two regular Association members who are in good standing. Before submission, it is your responsibility to have your sponsors sign this application on your behalf.**

I hereby make application to join Box 13 Associates and state that I am more than 25 years of age and a citizen of good repute of the United States of America. I affirm that I am not knowingly under investigation or indictment for a major misdemeanor or felony nor have I ever been convicted of a major misdemeanor or felony. I affirm that I have never been sanctioned, suspended, or barred from doing business by any professional or regulatory agency or organization. Further, I affirm that I have never been a member of any subversive or un-American organizations. I agree, if accepted into membership, to abide by the Constitution, by-laws, rules and regulations of Box 13 Associates. If accepted into membership, I agree to sign a waiver of liability, in the form prescribed by both The Cincinnati Fire Department and by Box 13 Associates, within 10 days after notification of the approval of my application for membership. Further, I agree that the official Cincinnati Fire Department ID card, the Box 13 Badge and other Box 13 identification materials issued to me are the property of either the City of Cincinnati or of Box 13 Associates. These items may be recalled by the city or by Box 13 Associates for a number of reasons, including but not limited to, my resignation, my misconduct, my non-payment of dues, lack of attendance, my expulsion from the Association, or for other reasons as determined by the membership. I agree that I may not place on equipment or vehicles, or wear coats, hats, shirts or other clothing on which the words "Box 13" or the Box 13 Logo are displayed unless I am an active member of the Association in good standing. I agree that decisions confirmed by two-thirds of the regular membership of the Association voting at a business meeting are binding for any actions regarding my membership status.

**I HEREBY AUTHORIZE THE CINCINNATI FIRE DEPARTMENT AND/OR THE MEMBERSHIP COMMITTEE OF BOX 13 ASSOCIATES TO COMPLETE A BACKGROUND INVESTIGATION OF ME. THE COMMITTEE AND/OR THE CINCINNATI FIRE DEPARTMENT IS AUTHORIZED TO REQUEST THE CINCINNATI POLICE DIVISION AND/OR THE HAMILTON COUNTY SHERIFF'S DEPARTMENT TO COMPLETE A CRIMINAL RECORDS CHECK OF MY SELF FOR THE PURPOSE OF VERIFYING THE ACCURACY AND COMPLETENESS OF THE INFORMATION PROVIDED IN THIS APPLICATION AND IN ANY OTHER SUPPLEMENTARY DOCUMENTS SO ATTACHED.**

Signed at Cincinnati, Hamilton County, Ohio this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Witness: \_\_\_\_\_

X \_\_\_\_\_

Witness: \_\_\_\_\_ *Signature of Applicant*

### SPONSOR SIGNATURES

The undersigned, being regular members in good standing of Box 13 Associates, recommend the above applicant for Probationary Membership in the Association.

1. \_\_\_\_\_ 2. \_\_\_\_\_

DATE NO. 1.RECOMMENDED \_\_\_\_\_ DATE NO. 2 RECOMMENDED: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

App Distributed to Members on: \_\_\_\_\_ Attended Meeting on: \_\_\_\_\_ Refer to Membership Comm? YES NO

Membership Committee Interviewers: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_ Police Check: \_\_\_\_\_ Sheriff's Check: \_\_\_\_\_

Recommendation of Membership Committee: ACCEPT REJECT DEFER Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Membership Vote: ACCEPT REJECT DEFER Date: \_\_\_\_\_ Date Notified: \_\_\_\_\_

CFD Waiver Rcvd: \_\_\_\_\_ Box 13 Waiver Rcvd: \_\_\_\_\_ Orientation Date: \_\_\_\_\_ Badge No. Issued: \_\_\_\_\_