

# Commerce Emergency Corps

An Independent Organization Serving the Commerce Area Since 1958

## Application for Membership

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Mon Day Yr

Address : \_\_\_\_\_  
Street Apt # City State Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
(Enter student if enrolled full time at A&M)

Sex:  Male  Female Physical Condition:  Excellent  Good  Fair Age: \_\_\_\_\_  
(Check One) (Check One)

Physical Defects (If yes, explain): \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor crime? \_\_\_\_\_

Personal Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Driver Lic. # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Have you had a moving violation or accident within the last three years?  Yes  No

If yes, please list:

Moving of Accident	When	Ticket (Y/N)	Remarks (Include Where)

State Certifications:  Medical  Fire  Police  SCUBA Diver  Other

(Check all that apply and complete below)

Certification Type	Current or Expired	Date Expires	Remarks

What benefits do you feel you have to offer the Commerce Emergency Corps?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

