

Metro Fire Radio Association

P.O. Box 224

Little Falls, NJ 07424-0224

www.MetroFireRadio.com

Applications can be faxed to: 551-226-6494 or mailed to above address.

Name: _____

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Email Address: _____

Date of Birth: _____ (You must be 18 years of age or older to join)

Emergency Service Affiliation: _____ How Long: _____

Have you ever been *convicted* of a crime: Y / N

If so, for what?: _____

Have you ever been the subject of a criminal investigation for any reason?: Y / N

If so, for what?: _____

Why do you seek membership within the Metro Fire Radio Association?: _____

What MFR member were you referred by or is sponsoring you? _____

Preference of radio numbers: 1st Choice _____ 2nd Choice: _____ 3rd Choice: _____

You will be contacted after approval/denial with payment arrangements.

Dues are \$85.00 for the first year and \$60 for every year thereafter.

By signing this application, you affirm that the information provided above is complete and accurate. Providing information that is false, known to be not true, or misleading, will automatically void your application and membership, forfeit your dues to the Metro Fire Radio Association, and be considered for criminal investigation under NJ State Forgery Statutes. Furthermore, you understand that the Metro Fire Radio Association reserves the right to perform a background check at anytime within the current statute of limitations for the State of NJ.

You also affirm to agree to uphold, abide by, and respect the by-laws, rules and regulations of the Metro Fire Radio Association and project a positive, professional image of the group at all times while on and off the radio.

Applicant

Date