

SPRINGFIELD FIRE DEPARTMENT

**FIRE EXPLORER
POST 300**

FIREFIGHTER'S I.A.F.F. LOCAL # 37

FIRE SAFETY DIVISION II ROOM 315 MUNICIPAL CENTER WEST SPRINGFIELD IL. 62701
217-789-2170 FAX 217-789-2305

Name _____ Age _____ Application Date _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Email Address _____

Birth Date _____ Male _____ Female _____

School _____ Grade _____

School Phone # _____ Counselor Name _____

Parent's Names _____

Parent's Phone (if different) _____

Parent's Address (if different) _____

Emergency Contact Name and Phone # _____

Registration Fee \$ 20.00 Date Paid _____ Cash _____ Check # _____

Annual Dues \$ 18.00 Date Paid _____ Cash _____ Check # _____

Amount still owed and date (if any) _____

Post 300 Representative _____

Registration / Dues Receipt _____
(Member Name)

Springfield Fire Explorer Post 300
825 E Capitol
Springfield Il 62701

Registration Fee \$ 20.00 Date Paid _____ Cash _____ Check # _____

Annual Dues \$ 18.00 Date Paid _____ Cash _____ Check # _____

Amount still owed and date (if any) _____

Post 300 Representative _____