Western Pennsylvania CERT

Membership Application
-Individual-

Name:_____
First Middle Initial Last

Address:_____
Street

_____
City State Zip Code County

E-mail Address:_____

☐ Cell Phone:_____ ☐ Other phone:_____
(Check Primary Phone Number)

Emergency Contact - Name:_____
First Last

Phone:_____ Relationship:_____

List any applicable skills (First aid, carpentry, firefighting, etc.):

_____

_____

_____

Have you ever taken an oath to protect and defend the Constitution of the United States or the Commonwealth of Pennsylvania? _____ If the answer is no, are you willing to do so? _____

By signing below, I certify that the information listed here is correct to the best of my knowledge and, as a member of Western Pennsylvania CERT, agree to abide by the organization's Bylaws and Code of Ethics.

Signature_____ Date_____

- Complete Application and send it along with a check or money order for $25 to:

  Western Pennsylvania C.E.R.T./Membership
  PO Box 174, Grove City, Pa. 16127-0174

- Applicants must also register at www.serv.pa.gov to be considered for membership.