

# FIRST RESPONDER FAMILY APPLICATION



Applications can be mailed to:

Veteran & First Responder Friendly Businesses  
3410 Plumtree Drive #101  
Ellicott City, MD 21042

Eligibility: Current Spouse of a First Responder\*, Parent, Sibling, Adult Children (18 years or older)

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Relationship to Qualified First Responder\*:

- Spouse
- Parent
- Sibling
- Adult Children (18 years or older)

First Responder Friendly Businesses Card Number: \_\_\_\_\_

\*A qualified First Responder is identified as Law Enforcement Officers, Firefighters, or Emergency Medical Technicians.  
Must provide qualified ID

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Verified By: \_\_\_\_\_  
**PRINT NAME** **DATE** **CARD # ISSUED**

Please Select How You Would Like to Receive Your Card:

- Mail My Card
- Pick-Up Card at Program Sponsor Location (The Bob & Ronna Group, 3410 Plumtree Drive, Ellicott City, MD 21042)

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## AGREE AND ACCEPT:

By signing, you agree that the above information is true and you agree to submit an image for verification. DO NOT upload any documents with sensitive information. If you want to use one of these forms of identification, they will need to be verified in person. You also agree to receive text(s) and email(s) for communication. You do not have to be a resident of Maryland to be eligible. It is an honor to carry this card. All businesses operate independently. Contact information will only be used by the Veteran & First Responder Friendly Businesses Organization and will not be given or sold to third parties. Information will be used to inform members of Veteran & First Responder events as well as information from participating Veteran & First Responder Friendly Businesses.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

## REVIEWED BY VETERAN & FIRST RESPONDER FRIENDLY BUSINESSES COUNCIL MEMBER:

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**