



The Firefighters Association of Ontario

Associate Membership Application

Date of Application: _____

Name of the Organization: _____

Address: _____

City/ Province: _____

Postal Code: _____

Name of Contact Person: _____

Telephone Number/s: _____

Email: _____

Web site: _____

**Please print or type the above information clearly.
It will be used as your mailing address for all correspondence.**

An Associate Member is defined as - *Any organization, manufacturer or supplier, with interest in the fire service. Such membership is not entitled the seating of Delegates or voting privileges. Dues are determined by the Executive Committee.*

- **Annual Membership: \$200.00**
- **Web page advertising: \$200.00**
- **Membership & Web Advertising: \$300.00**
- **Payable to "Fire Fighters Association of Ontario"**

*MEMBERSHIP IS SUBJECT TO APPROVAL BY THE EXECUTIVE COMMITTEE
Annual Memberships run from Aug 1st – July 31st and is payable at the start of the fiscal year.
Renewal invoices are sent out each year in Sept.*

PLEASE MAKE CHEQUES PAYABLE TO: THE FIREFIGHTERS' ASSOCIATION OF ONTARIO

Please forward this application along with payment to:

Dawn Craven, Membership Chair
210 Collingwood Street
Creemore, ON
L0M 1G0