

MEMBERSHIP APPLICATION

NAME: _____ D/O/B: _____
Given Name; Initials; Last Name (MM/DD/YY if under 18)

ADDRESS: _____
 _____ POSTAL CODE: _____

(Please show street address if mailing address is a P.O. Box #)

PHONE NUMBER: (____) _____ E-MAIL ADDRESS: _____

ARE YOU A FIREFIGHTER? FULL TIME: _____ VOLUNTEER: _____

MEMBERSHIP CLASSIFICATION / DUES

PLEASE INDICATE	MEMBERSHIP CLASS	DESCRIPTION / CLASSIFICATION	APPLICATION FEE *
	REGULAR	Individual: Ontario Resident over the age of 18 years	\$ 33.00
	STUDENT	Student: 18 years and under	\$ 23.00
	ASSOCIATE	Individual: Residing outside the Province of Ontario	\$ 33.00
	AFFILIATE	Group: Fire Department or other organization	\$ 33.00

* Application Fee includes a one time initiation fee of \$5.00

If accepted for membership, I agree to abide by the Constitution and By-Laws of the Ontario Fire Buff Associates.

APPLICANT'S SIGNATURE: _____

REFERENCES

Please provide two references which may include current OFBA members in good standing or members of your local fire or other emergency service.

NAME:	NAME:
ADDRESS:	ADDRESS:
POSTAL CODE:	POSTAL CODE:
OCCUPATION: RELATION:	OCCUPATION: RELATION:
PHONE NUMBER: ()	PHONE NUMBER: ()
REFERENCE'S SIGNATURE:	REFERENCE'S SIGNATURE:

Date Rec'd.	Fee Rec'd	To Executive	M/S #	Date M/S Effective
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