

# APPLICATION for MEMBERSHIP or SUBSCRIPTION to THIRD ALARM

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 TYPES and SUBSCRIPTION DUES

PLEASE INDICATE "X"	DESCRIPTION	APPLICATION / SUBSCRIPTION FEES
	Membership Dues with "Paper Version" of Third Alarm	\$ 28.00 + \$ 5.00 *
	Membership Dues with expanded full colour "Electronic" Third Alarm	\$ 20.00 + \$ 5.00 *
	Membership Dues with both "Paper" <u>plus</u> expanded full colour "Electronic" versions of Third Alarm	\$ 35.00 + \$ 5.00 *
	Subscription <u>only</u> to expanded full colour "Electronic" Third Alarm	\$ 15.00

\* Represents a one time Initiation Fee for new Membership Applicants.

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

APPLICANT'S SIGNATURE: \_\_\_\_\_

### REFERENCES

If applying to become a new Member, please provide two references which may include current OFBA members in good standing or members of your local fire or other emergency service organization.

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 #	T/A #	Date M/S Effective