| Membership Application |
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| Applicant/ORGANIZATION Information |
| PLEASE USE BLOCK LETTERS |
| Name:  |
| Current address: |
| City: | Postal Code: |
| Phone: | Email: |
| FIRE Department/Organization Information |
| Department/Organization: |
| How long served? | Rank: |
| ANNUAL MEMBERSHIP FEE (Jan 1 – Dec 31) |
| Individual or Organized group of less than 10 $10  | Organized group of 10 or more: $100 $100 |  |
| I have enclosed $\_\_\_\_\_\_ as payment for membership dues for years | \_\_\_\_\_ year/s. |  |
| CATEGORY OF membership |
| NEW member/Organization: | ACTIVE RENEWAL: |
| FORMER: |  |
| Signature |
| I authorize the collection of the information provided on this form. I agree to abide by the Constitution, Bylaws and Policies of the Association. I understand that the information on this form will be stored on computer but will only be used for this Association’s use and not by third parties. I understand that membership is not valid until approved. I have kept a copy of this application. |
| Signature of applicant: | Date: |

|  |  |
| --- | --- |
| Please indicate how you learned about ORFFA  |  |
| Are you interested in becoming actively involved? | Circle one below |
| YES | I would like to become actively involved and have the time to devote |
| YES | I would like to become actively involved but have limited time to devote |
| NO | I do not wish to be actively involved  |

Do you know a fellow retiree/organization that might like to join? Please provide their name and email address.

|  |  |
| --- | --- |
| Name: | Email: |

You are invited and encouraged to attend our meetings and to participate.

Please return this form along with a cheque payable to **ORFFA** by mail to the following address: **Gerry Pedwell, 19 Shannon Ct, Whitby ON L1N 6B6**

For any inquires or questions about the application process, please contact us by email: fire35@sympatico.ca