

The Fire Fighters' Association of Ontario

FIRE DEPARTMENT/STATION MEMBERSHIP APPLICATION

Date of application			
Fire	e Department Name		
Station name & number if applicable			
Ad	dress		
Pos	stal Code		
Na	me of Contact Person		
Tel	lephone Number		
Em	nail		

Please print the above information clearly.

This information will be used as your mailing address for all correspondence.

Please return to: FFAO Membership Chair

Bevin Brooks

550 Havelock Ave. S.,

Listowel, ON N4W 3T6

Confirmation of acceptance will be sent to you. Note: Annual membership runs from August 1st-July 31st and is payable at the start of the year. Annual membership invoices are sent along with the notice prior to the first quarterly meeting held on the last Sunday of October.

Annual Membership: \$50 per Fire Station

If you have any questions, please feel free to contact the Membership Chairman at: membership@ffao.on.ca