



The Fire Fighters Association of Ontario is updating it's members contact information. We are requesting contact information for future communication

Contact Information Form

Individual Membership

Personal Information:

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Membership Level: Individual Membership _____ Life Member _____

Fire Department Membership

Personal Information:

Department / Association Name: _____

Address: _____

Representative Name: _____

Phone: _____ Cell: _____

Email: _____

Associate (Manufacturer) Membership

Personal Information:

Company Name: _____

Address: _____

Representative Name: _____

Phone: _____ Cell: _____

Email: _____

Web Address: _____

Fill in the appropriate level of membership and return by email to media@ffao.on.ca