



Ontario Municipal Fire Prevention Officers Association

Associate Member Application

Applicant Information

Name:

Department/Organization:

Mailing Address:

Title: Email:

Phone: Fax:

For Office Use Only

Membership #: Valid for Year of:

New Member: Renewal: Payment Received: _____
Date Received

Please complete the top part of this form. Return this form enclosing a cheque in the amount of \$200 payable to:

OMFPOA
2352 Arnold Crescent
Burlington, ON L7P 4G3