



Ontario Municipal Fire Prevention Officers Association

Student Member Application

Applicant Information

Name:

Student #:

Mailing Address:

Phone: Fax:

Email:

Educational Facility:

Course Enrolled:

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 \$50 payable to:

OMFPOA
2352 Arnold Crescent
Burlington, ON L7P 4G3