



APPLICATION FOR CHAPTER AFFILIATION

DATE _____ 20 _____

AREA : _____

PRESIDENT: _____

MAILING ADDRESS: _____

_____ POSTAL CODE: _____

Phone # _____ Fax # _____

SECRETARY:

MAILING ADDRESS: _____

_____ POSTAL CODE: _____

Phone # _____ Fax # _____

E-mail address do you wish to be used?

Please include the latest roster of your members including Names, addresses, Fire Department

Please check one of the following:

We wish to use the OMFPOA Constitution of the as our Chapter Constitution: _____

We wish to have our own Chapter Constitution & By-Laws: _____

Forward application to: Chris McDonough, President
O.M.F.P.O.A.
C/O Georgina Fire Department
L4P 3S9 or FAX: (905) 476-5167

CHAPTER #: O.M.F.P.O.A. ONTARIO _____

DATE CHARTER PRESENTED: _____

SIGNATURE OF SECRETARY: _____