



Ontario Municipal Fire Prevention Officers Association Associate Member Application

Applicant Information

Name:

Organization:

Mailing Address:

Title:

Email:

Phone:

Fax:

For Office Use Only

New Member:

Renewal:

Valid for Year of: [Click here](#)
to select year

Payment Received:

[Click here to enter a date.](#)

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

OMFPOA c/o
Mississauga Fire and Emergency Services
Attention Karin Roskam
7535 Ninth Line
Mississauga, ON L5N 7C3
