



Ontario Municipal Fire Prevention Officers Association Retaining Member Application

Applicant Information

Name:

Department/Organization:

Chief Fire Prevention Officer:

Mailing Address:

Title:

Email:

Phone:

Fax:

For Office Use Only

Membership Number:

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 \$100 payable to:

OMFPOA
c/o
Mississauga Fire & Emergency Services
300 City Centre Drive
Mississauga, ON L5B 3C1
Attention: Karin Roskam

Website: www.omfpoa.com

Email: Karin.Roskam@mississauga.ca