



Membership Application Form

Select the applicable rate from the chart below for the month you are joining.

I am enrolling as a new Individual member for \$ _____ (see below for rate)

Name: _____ Date of Birth: _____
 (last) (first) (initial) (month) (day) (year)

I am enrolling my Fire Dept or Group @ \$ _____. per person (5 or more, see below for rate)

Fire Hall Contact : _____
 (last) (first) (initial)

Address: _____

Postal Code: _____ Town: _____ Province: _____

Phone : (____) _____ (____) _____ (____) _____
 (home) (work) (fax)

E-Mail: _____

Station/Dept: _____ (____) _____
 (name) (phone)

DEPARTMENT MEMBERSHIPS
 Please complete and attach the Department Membership List. We require information on each member.

INDIVIDUAL MEMBERSHIP	
PRO RATED RATES / PER PERSON	
JANUARY	\$ 20.00
FEBRUARY	\$ 18.33
MARCH	\$ 16.67
APRIL	\$ 15.00
MAY	\$ 13.33
JUNE	\$ 11.67
JULY	\$ 10.00
AUGUST	\$ 8.33
SEPTEMBER**	\$ 26.67
OCTOBER**	\$ 25.00
NOVEMBER**	\$ 23.33
DECEMBER**	\$ 21.67

CVFSA membership will be renewed on a calendar year. Please select the pro-rated membership rate for your first part year. In December you will receive a renewal notice invoicing you for the next calendar year.

**** RATE INCLUDES
 REMAINDER OF 2010 AND
 ALL OF 2011**

DEPARTMENT / GROUP MEMBERSHIP	
PRO RATED RATES / PER PERSON	
JANUARY	\$ 12.00
FEBRUARY	\$ 11.00
MARCH	\$ 10.00
APRIL	\$ 9.00
MAY	\$ 8.00
JUNE	\$ 7.00
JULY	\$ 6.00
AUGUST	\$ 5.00
SEPTEMBER**	\$ 16.00
OCTOBER**	\$ 15.00
NOVEMBER**	\$ 14.00
DECEMBER**	\$ 13.00

Send this completed form with your cheque or money order (tax included) payable to CVFSA

CVFSA

187 Avondale Ave. North York, ON M2N 2V4
 Phone: 416-225-0349 Fax: 416-225-1202 Toll Free: 1-877-275-6322