

ASCIV

CVFSA

**L'Association Canadienne
des Services D'incendie Volontaire**



Corporate Membership Application Form

Company _____

Contact Name _____

Address _____

City/Town _____ Province _____

Postal Code _____ Telephone _____

Email _____ FAX _____

Alternate
Email _____

Send this completed form with your \$100 payment to:

**CVFSA
187 Avondale Ave.
North York, ON
M2N 2V4**

Your membership will be acknowledged with a membership card and certificate of membership. In addition your company name, home town, and phone number will be posted on our web site as a "Corporate member".

If you request, we will not post your membership information.