

# 2026 MEMBERSHIP APPLICATION FORM

Name of Fire Department : \_\_\_\_\_ Zone # \_\_\_\_\_

Contact Person : \_\_\_\_\_ Mailing Address : \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person : Res : \_\_\_\_\_ Bus : \_\_\_\_\_ Cell : \_\_\_\_\_

Email Address : \_\_\_\_\_

**MEMBERSHIP FEES : \$350.00   ENCLOSED FEES :** (Please make cheques payable to SVFFA) \_\_\_\_\_

**CISM Donation :** \_\_\_\_\_

**MEMBERS** : Please check if membership card is needed and check to authorize for digital communication

[illegible]

Please complete form and return payment or email form with an e-transfer to [executivedirector@svffa.ca](mailto:executivedirector@svffa.ca)

*For office use only:*

Payment received: \_\_\_\_\_ Cheque #: \_\_\_\_\_ Cards mailed/Date: \_\_\_\_\_