

## Fire Service Women Ontario

Membership Form

Last name	First	Name	Middle Name
Title/Rank			Employer
Address including Ci	ty/Town/Province and	l Postal Code	
Telephone number(	s)		Fax number
e-mail address			
I am applying for:		I am renewing:	
☐ Associate Member ☐ Student Member	nip (\$35.00 yearly) Emp ership (\$30.00 yearly) /	loyed by or retired from a fire service Associate/consultant to a fire service Irrently enrolled full time in a College or Ind in the FSWO Bylaws)	University
Payment Method  Cash	☐ Cheque	☐ PayPal	
Completed form acc Fire Service Womer 2902 Haughton Ave Ottawa, ON K2B 62	nue	nt can be mailed to:	
Or scanned and em	ailed to <u>fswontario@</u> g	gmail.com	
For FSWO use only			
Date Received	Amo	unt	Туре