



Manitoba Association of Fire Chiefs

P.O. Box 1208
Portage la Prairie, MB
R1N 3J9

Phone: (204) 857-6249
Fax: (204) 857-7593
E-mail: mb.firechiefs@mts.net

APPLICATION FOR MEMBERSHIP/RENEWAL (one form per person)

| | | | | | | | | |
|--|---|--------------------------|----------------|--|--------------------------|----------------|--------------------------|----------------|
| Year Applied For: <input type="text"/> | Active Membership After April 30 of year Applied for | <input type="checkbox"/> | \$150 plus GST | Associate Membership After April 30 of year Applied for | <input type="checkbox"/> | \$150 plus GST | <input type="checkbox"/> | \$175 plus GST |
| Name: | | | | | | | | |
| Title: | | | | | | | | |
| Fire Department: | | | | | Mutual Aid District: | | | |
| Street / Box #: (please provide address where billing is to be sent) | | | | | | | | |
| City / Town: | | | | | | | | |
| Postal Code: | | | | | | | | |
| Home Phone: | | | | | Work Phone: | | | |
| Fax #: | | | | | Cell #: | | | |
| E-Mail Address: | | | | | | | | |
| Date of Application: | | | | | | | | |

Payable by Cheque, VISA or MasterCard Make all cheques payable to and mail to: (please complete, print and submit via email to mb.firechiefs@mymts.net or fax to 1-204-857-7593

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To be completed if paying by VISA or MasterCard (please check one):

Card Number _____

Expiry Date _____

Card Holder Name _____

Signature _____

Memberships are NOT VALID WITHOUT PAYMENT are Non-Transferable and Non-Refundable