Saskatchewan Volunteer Fire Fighters Association
PO Box 26067 RPO Northgate | Regina, SK | S4R 8R7
(306) 520-3278
executivedirector@svffa.ca • **www.svffa.ca**

2024 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 : $300.00 **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

NAME	EMAIL	CARD (Y/N)	DIGITAL AUTH

Please complete form and return payment or email form with an e-transfer to executivedirector@svffa.ca

For office use only:

Payment received: _____ Cheque #: _____ Cards mailed/Date: _____