



NEW BRUNSWICK ASSOCIATION OF FIRE PREVENTION OFFICERS
Association des Agent(e)s de prévention d'incendies du Nouveau-Brunswick

APPLICATION FOR MEMBERSHIP (FEE \$50.00)

DEMANDE D'AFFILIATION (FRAIS 50, 00\$)

NAME/NOM: _____

RANK/TITLE: _____

RANG/TITRE

DEPARTMENT/DÉPARTEMENT: _____

CHIEF/CHEF: _____

REGIONAL ASSOCIATION RÉGIONALE: _____

MAILING ADDRESS/ADRESSE POSTALE:

POSTAL CODE POSTALE: _____

E-MAIL/COURRIEL: _____

TEL: (H/M) _____ (W/B) _____ (F) _____

NEW MEMBER/NOUVEAU MEMBRE: YES _____ NO _____

Mail To: NBAFPO c/o: Maria Northrup, Secretary/Treasurer
2789 Main Street, Hillsborough, New Brunswick, E4H 2X4
Fax To: 506-734-2839
E-mail To: nbafpo@nb.aibn.com
Visit Website: www.nbafpo.org

NOTE: When membership fees are paid by cheque, it is imperative that the cheque indicate the names of members the cheque covers.

Please make cheque payable to: New Brunswick Association of Fire Prevention Officers
NBAFPO

If you would prefer direct billing, please give name, address, etc (email, if available) to where you would like invoice sent to.
Receipts are available on request.