



AFCA 2022 MEMBERSHIP APPLICATION/RENEWAL

ALBERTA FIRE CHIEFS ASSOCIATION

Mailing Address: 1931 Ainslie Link S.W. Edmonton, AB. T6W 2L9

Phone: 1-780-380-9623 • Email: membership@afca.ca • Web: www.afca.ca

Please complete ALL THREE (3) STEPS.

1. SELECT A MEMBER TYPE, and any additional information requested.

ACTIVE MEMBERSHIP: \$180.00

Previous Fire Service History

- Organization: _____
- Rank/Title: _____ Years Spent: _____
- Organization: _____
- Rank/Title: _____ Years Spent: _____
- Organization: _____
- Rank/Title: _____ Years Spent: _____

History with the ALBERTA FIRE CHIEFS ASSOCIATION, including attendance, boards, committees, etc.: _____

ASSOCIATE MEMBERSHIP - OTHER: \$150.00

Check the box which applies:

- | | |
|--|--|
| Safety Codes Officer | Chief or Councillor of a First Nations |
| Municipal elected official | Elected leader of a Metis Settlement |
| Municipal CAO | Government appointed public servant |
| Bargaining Unit member | Individual interested in the objectives of the AFCA |
| Chief forestry Officer or other designated heads of Forestry Districts | Professional consultant serving the Fire Service community |

Continued...



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ASSOCIATE FIRE DEPT. MEMBERSHIP: \$ 110.00

TRADE MEMBERSHIP: \$210.00

In the space below, please give a brief description of the products and/or service you provide.

Your company website address: _____

HONOURARY MEMBERSHIP: No Fee; please provide CURRENT contact information on the next page.

LIFE MEMBERSHIP: No Fee; please provide CURRENT contact information on the next page.

Date of Completion

Signature

Please continue to the next page for **STEP TWO (2) - Contact Information**



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2. CURRENT CONTACT INFORMATION

Name: _____

Organization: _____

Rank/Title: _____

Mailing Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Phone # (Business): _____

Phone # (Home): _____

Phone # (Cell): _____

Email: _____

Administrative Contact Information:

Name: _____

Phone #: _____

Email: _____

Select where Invoices will be sent to: Individual Municipality Business

Complete below if address different is from above:

Organization: _____

Mailing Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Phone #: _____

Email: _____

Please continue to the next page for STEP THREE (3) - Method of Payment



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3. METHODS OF PAYMENT*: Please select the method you are using

- | | |
|-------------------------|--|
| 1. Cheque | 2. Credit Card (Visa, Master Card, American Express) |
| 3. EFT (Direct Deposit) | 4. E-Transfer |

1. Please make cheques payable to: ALBERTA FIRE CHIEFS ASSOCIATION

Mail cheques to:

Alberta Fire Chiefs Association

P.O. Box 696, Hanna, AB. T0J 1P0

2. IF PAYING BY VISA, MASTER CARD, OR AMERICAN EXPRESS, PLEASE SUPPLY THE FOLLOWING INFORMATION OR CALL 1-780-380-9623:

Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Credit Card Number: _____ Security Code: _____ Expiry Date (MM/YY): _____
 Signature of Cardholder: _____ Date: _____

3. EFT (Direct Deposit)

Below is the Alberta Fire Chiefs Association account information.

- o Account name: **Alberta Fire Chiefs Association**
- o Account Number: **104 001 3**
- o Branch Number: **01599**
- o Institution Number: **003**

Remittance advice must be sent for all direct deposits and must include your Name, Invoice Number, Invoice Amount, and Invoice Date. Please send the remittance advice to finances@afca.ca.

4. E-Transfer

Send to finances@afca.ca and include your Name, Invoice Number, Invoice Amount, and Invoice Date in the message box. All e-transfers will automatically deposit into the Alberta Fire Chiefs Association account.

*ALL FUNDS ARE IN CANADIAN DOLLARS.

Thank you for your interest in the AFCA.