

**SATURNA ISLAND FIRE PROTECTION SOCIETY**  
(“SIFPS”)

**- Membership Application Form -**

**Please note- one application form per person applying**

I (Print Name) \_\_\_\_\_ DO HEREBY APPLY TO  
BECOME A MEMBER OF SIFPS.

1. My application for membership is based on my being: (complete either “a.” or “b.”)

- a. a ‘resident’ – defined as a person whose principal residence is on Saturna Island in Electoral Area G

*Enter approximate date such residency commenced:* \_\_\_\_\_ - \_\_\_\_\_  
Month - Year

OR

- b. a ‘property elector’ – defined as a person who may not reside on the island but is eligible to vote in municipal elections in Electoral Area G by virtue of the fact of ownership of property on the island

*Enter address of property owned:* \_\_\_\_\_

----- OR -----

2. I am not a ‘resident’ or a ‘property elector’ but wish to become a member for the following reason(s):

*Enter your reason(s) for applying for membership:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY STATE AND ATTEST THAT THE INFORMATION I GIVE HERE IS CORRECT AND ACCURATE.

SIGNED THIS \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

_____ Applicant’s Signature	_____ (Email Address)
_____ (Telephone Number)	_____ (Residence Address)

**Please submit completed form to:**  
**Freemail:** Marked “SIFPS”  
**Mail:** SIFPS, P.O. Box 168, Saturna Island, BC, V0N 2Y0