

SATURNA ISLAND FIRE PROTECTION SOCIETY ("SIFPS")

- Membership Application Form -

Please note- one application form per person applying

I (Print Name) _____

WISH TO 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 CONFIRM THAT THE INFORMATION GIVEN HERE IS CORRECT AND ACCURATE.

SIGNED THIS ____ day of _____, 20 ____ .

Signature: _____

Email Address: _____ Phone: _____

Residence address: _____

Please submit completed form to:

Freemail: Marked "SIFPS"

Mail: SIFPS, P.O. Box 168, Saturna Island, BC, V0N 2Y0