

**Application for Membership of FM-CFS Canada**

**Fillable PDF: Please email to [office@fm-cfs.ca](mailto:office@fm-cfs.ca)**

**Or by mail to 310-1500 Bank Street, Ottawa, Ontario, K1H 1B8**

Date: \_\_\_\_\_

In accordance with By-Law #1.2 of the corporation I confirm that I am interested in furthering the objects of the corporation and as such apply to become a member of the Corporation.

Furthermore:

I understand that there shall be no membership fees or dues unless otherwise directed by the board of directors;

I understand that I may withdraw from the corporation by delivering to the corporation a written resignation and lodging a copy of the same with the secretary of the corporation;

I also understand that any member may be required to resign by a vote of three-quarters (3/4) of the members at an annual meeting provided that any such member shall be granted an opportunity to be heard at such meeting.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_