



# Ontario Paramedic Association

## NORTHWEST CHAPTER

### Membership Application

#### Membership Application Form

Please complete and send with your payment.

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

Sex: \_\_\_\_\_ Age (circle): 18-29 30-39 40-49 50-59 60+up

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Level of Training: *EFR FCC 'Grandfather' PCP(Land) PCP (Flight) ACP(L) ACP(F) CCP(L) CCP(F)*  
(circle all that apply) *EMT RN RPN MD RRT Police Fire Other: \_\_\_\_\_*

Employment Status: *Full Time Part-time Volunteer Student* OASIS#: \_\_\_\_\_  
(circle all that apply)

Membership:  *Full \$70.00* (EMA with a licenced service or minimum EMCA certification MUST be Full Members)  
(Choose one)  *Associate \$40.00*  *Corporate \$150.00*

Provincial OPA # (if applicable): \_\_\_\_\_  
Please contact us at 1-888-OPA-LINE, if you are interested in holding an OPA presentation in your area.

Payment Method (Choose one):  *Cheque or Money Order* (payable to: OPA-NW Chapter)  *VISA*  *Mastercard*

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

**YES!** I would like the added convenience of Automatic Annual Renewal using the credit card info from above. It is understood that I will notify the OPA when I want to discontinue automatic renewal. Please check the box & initial here \_\_\_\_\_.

OPA - Northwest Chapter  
c/o 1 Paramedic Lane  
Manitouwadge, Ontario P0T 2C0  
**1-888-OPA-LINE** (Ontario only)  
(807) 826-9919 (out of province)  
Fax: (807) 826-3352