



FLEET SAFETY COUNCIL
General contact number
905-212-7936 OR 1-800-263-5024 x 7936

GENERAL MEMBERSHIP APPLICATION

Chapter joining: _____

Please choose one:

NEW: _____

RENEWAL: _____

RE-INSTATEMENT: _____

I, the undersigned, hereby apply for active membership with the – Fleet Safety Council for the fiscal year running from September 1 to August 31.

NAME: _____

POSITION: _____

NAME OF EMPLOYER: _____

BUSINESS ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

BUSINESS PHONE: _____

CELL NUMBER: _____

FAX: _____

E-Mail: _____

MEMBER SINCE: _____

SIGNATURE OF APPLICANT: _____

All cheques are to be made payable to **Fleet Safety Council** .

Mail registration form and cheque to:

Fleet Safety Council
C/O IHSA
5110 Creebank Road, Suite 400
Mississauga ON L9W 0A1

A business card with the renewal form would be appreciated.

FOR CHAPTER COMPLETION

DATE PAID _____

CARD ISSUED _____

Cash _____ Cheque _____