

**The Occupational First Aid Attendants Association of British Columbia**



#108 - 2323 Boundary Road  
 Vancouver, B.C. V5M 4V8  
 Office: 604-294-0244 · Fax: 604-294-0289  
 Toll Free: 1-800-667-4566  
 www.ofaaa.bc.ca

**MEMBERSHIP APPLICATION**

- Initial Professional Membership: \$70.00 (includes all benefits)  
 Initial Associate Membership: \$30.00 (non-voting, information only)

I, \_\_\_\_\_, hereby apply for membership to The Occupational First Aid Attendants Association of British Columbia, and herewith submit my membership dues.

*In support of my application, I submit the following information:*

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Name Used: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Number: ( ) \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_  
 Cell/ Pager: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

First Aid Ticket Information		
Certificate:	Certificate Number:	Expiry: (yyyy/mm/dd)
Certifying Agency:		
Special Skills and Certifications		
TSC <input type="checkbox"/>	WHMIS <input type="checkbox"/>	F.A. Instructor: ① ② ③ (check)
CSO <input type="checkbox"/>	Forklift <input type="checkbox"/>	F.A. Evaluator <input type="checkbox"/>
H <sub>2</sub> S <input type="checkbox"/>		F.A. Contractor <input type="checkbox"/>

*Please submit the names of two personal or business contacts who can provide character references:*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to the OFAAA of BC? \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

METHOD OF PAYMENT

- VISA, MASTERCARD or AMERICAN EXPRESS #:  CHEQUE / MONEY ORDER  CASH / INTERAC

\_\_\_\_\_ Expiry \_\_\_\_\_

(For office use only)

Membership #	Date Joined	Memtype	Area	Receipt#	Expires